

Division of Health Care Finance and Policy

Fiscal Year 2004

**Inpatient Hospital
Discharge Database
Documentation Manual**

**RE-ISSUED
November 2005**

Division of Health Care Finance and Policy
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FY2004 HDD FIPA DATA
RE-ISSUED NOVEMBER 2005

Revisions include:

1. Corrections to inaccurate HospitalOrgIds* for the following hospital sites:

Hospital	Correct HospitalOrgID	siteOrgID
UMass. Memorial Medical Center – Memorial Campus	3115	130
UMass. Memorial Medical Center – University Campus	3115	131
Cambridge Health Alliance – Somerville	3108	143
Cambridge Health Alliance – Cambridge	3108	27
Saint Vincent Hospital	127	127

2. Massachusetts General Hospital resubmitted Q4 data to correct a large number of “unknown” zip codes.
3. Lowell General Hospital resubmitted Q1-Q4 data to correct a large number of “unknown” zip codes.
4. North Shore Hospital - Original data submission included 302 Hospice patients reported under Medical/Surgical revenue codes, whose deaths negatively affected mortality rates. The revised data codes Hospice patients correctly under revenue code 115.
5. Cambridge Health Alliance resubmitted Q1-Q4 data to correct 44 missing discharges.
6. Wing Hospital Verified Inpatient hospital data but later noted discrepancies involving 17 Outpatient Observation patients that were inadvertently included in the Inpatient data.

*On previous issue of FY04 HDD database, this data element was titled MainOrgID. It has been renamed to HospitalOrgID for this release and all releases going forward.

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General Documentation
FY2004 Inpatient Hospital Discharge Database

INTRODUCTION

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation Manual is for use with the HDD FY2004 database. ***The FY2004 HDD data was originally made available as of June 21, 2005. The data was reissued in November 2005, and contains data submitted through November 2, 2005.***

Section I. General Documentation

The General Documentation for the Fiscal Year 2004 Hospital Discharge Database includes background on its development and the DRG Groupers, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains hospital-reported discrepancies received in response to the data verification process. It also includes supplements listing the hospitals within the database, information on mergers, name changes, closures, conversion, and non-acute care hospitals, and alphabetical and numerical payer source lists.

Section II. Technical Documentation

The Technical Documentation includes information on the fields calculated by the Division of Health Care Finance & Policy (DHCFP), and a data file summary section describing the hospital data that is contained in the file. The data file section contains the Discharge File Table (formerly the record layout), Revenue File Table, and Data Code Tables. Also included are revenue code mappings.

For your reference, **CD Specifications** are listed in the following section to provide the necessary information to enable users to access files. Please note that as of October 1, 1999, certain regulatory changes were made to the format of the data.

Copies of Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data and Regulation 114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data may be obtained by logging on to the Division's web site at <http://www.mass.gov/dhcfp/>, or by faxing a request to the Division at 617-727-7662.

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CD SPECIFICATIONS

Hardware Requirements:

- * CD ROM Device
- * Hard Drive with 1.60 GB of space available

CD Contents:

* This CD contains the “Final / Full Year” 2004 Hospital Inpatient Discharge Data Product. It contains two Microsoft Access data base (MDB) files. The first file is the Discharge Table and contains one record per discharge. The second file is the Revenue Code Table that contains one record per revenue code reported for each discharge. The ProviderControlID and DischargeID are key fields on both tables to be utilized for linkage purposes.

As an approved applicant, or its agent, you are reminded that you are bound by your application and confidentiality agreement to secure this data in a sufficient manner, so as to protect the confidentiality of the data subjects.

File Naming Conventions:

This CD contains self-extracting compressed files, using the file-naming convention below.

- a) “Hosp_Inpatient_Discharge_2004_L1_zipped.exe” will expand out to “Hosp_Inpatient_Discharge_2004_L1.mdb”
- b) “Hosp_Inpatient_Services_2004_zipped.exe” will expand out to “Hosp_Inpatient_Services_2004.mdb”

In the above examples, 2004 represents Hospital Fiscal Year 2004 and L1 represents Level 1.

To extract data from the CD and put it on your hard drive, select the CD file you need and double click on it. You will be prompted to enter the name of the target destination.

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SECTION I. GENERAL DOCUMENTATION

PART A. BACKGROUND INFORMATION

1. General Documentation Overview
2. Quarterly Reporting Periods
3. Development of the FY04 HDD Data Base
4. DRG Grouper Methodology

General Documentation
FY2004 Inpatient Hospital Discharge Database

PART A. BACKGROUND INFORMATION

1. GENERAL DOCUMENTATION OVERVIEW

The General Documentation consists of six sections:

PART A. BACKGROUND INFORMATION: Provides information on the quarterly reporting periods, the development of the FY2004 hospital case mix database, and the DRG methodology used.

PART B. DATA: Describes the basic data quality standards as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, some general data definitions, general data caveats, and information on specific data elements.

Case mix data plays a vital and growing role in health care research and analysis. To ensure the database is as accurate as possible, the DHCFP strongly encourages hospitals to verify the accuracy of their data. A standard *Verification Report Response Form* is issued by the Division, and is used by each hospital to verify the accuracy of their data as it appears on their FY2004 Final Case-mix Verification Report. If a hospital finds data discrepancies, the DHCFP requests that the hospital submit written corrections that provide an accurate profile of that hospital's discharges. Part C of the general documentation details hospital responses.

PART C. HOSPITAL RESPONSES: Details hospital responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts:

1. Summary of Hospitals' FY2004 Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies by Category
4. Index of Hospitals Reporting Discrepancies
5. Individual Hospital Discrepancy Documentation

PART D. CAUTIONARY USE HOSPITALS: Lists the hospitals for which the Division did not receive four (4) quarters of acceptable hospital discharge data, as specified under Regulation 114.1 CMR 17.00.

PART E. HOSPITALS SUBMITTING DATA: Lists all hospitals submitting data for FY2004, and those that failed to provide any FY2004 data. Also lists hospital discharge and charge totals by quarter for data submissions.

PART F. SUPPLEMENTARY INFORMATION: Provides Supplements I through VIII listed in the Table of Contents. Contains specific information on types of errors, hospital locations, and identification numbers.

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PART A. BACKGROUND INFORMATION

2. QUARTERLY REPORTING PERIODS

Massachusetts hospitals are required to file case-mix data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 2004 period, these quarterly reporting intervals were as follows:

Quarter 1:	October 1, 2003 – December 31, 2003
Quarter 2:	January 1, 2004 – March 31, 2004
Quarter 3:	April 1, 2004 – June 30, 2004
Quarter 4:	July 1, 2004 – September 30, 2004

PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR 2004 DATABASE

In 2001, the Division embarked on a major effort to restructure its Information System that produces the Hospital Case Mix and Charge Database. Two of the Division's objectives were to improve operational efficiency as well as to improve the quality of the database for data users. Improved data cleaning, integrity checks, and modification to the file structure were just a few ways we worked to improve the database.

Additions that went into effect on October 1, 2001 included an ER indicator and an Observation indicator. Further detail is provided under the Data File Contents section.

Six Fiscal Year 2004 data levels have been created to correspond to the levels in ***Regulation 114.5 CMR 2.00; "Disclosure of Hospital Case Mix and Charge Data"***. (Please note that in the past, for the lower levels of data, deniable elements were not included in the database at all. This year, the deniable elements will merely be suppressed.) The user will have access to deniable data elements depending on the level of data for which they have been approved, and as specified for the various levels below. Higher levels contain an increasing number of the data elements defined as "Deniable Data Elements" in Regulation 114.5 CMR 2.00. The deniable data elements include: medical record number, billing number, Medicaid Claim Certificate Number (Medicaid Recipient ID number), unique health information (UHIN) number, date of admission, date of discharge, date of birth, date(s) of surgery, and the unique physician number (UPN). The six levels include:

LEVEL I	Contains all case mix data elements, except the deniable data elements
LEVEL II	Contains all Level I data elements, plus the UPN
LEVEL III	Contains all Level I data elements, plus the patient UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL IV	Contains all Level I data elements, plus the UPN, the UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL V	Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery.
LEVEL VI	Contains all of the deniable data elements except the patient identifier component of the Medicaid recipient ID number.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS:

All Patient DRG Groupers (3M AP-DRG Versions 12.0, 14.1, 18.0)
All Patient Refined DRG Grouper (3M-APR-DRG Version 15.0)

Beginning in October 1991, the DHCFP began using 3M's All-Patient Grouper Version 8.1 (mainframe) to classify all patient discharges for hospital's profiles of discharges and for the yearly database. This change in the grouping methodology was made because the All-Patient DRG better represented the general population and provided improvements in areas such as Newborns and the HIV population. For the past several years, both the AP-DRG Version 8.1 Grouper and the AP-DRG Version 12.0 were included in the database. The purpose of providing these two groupers on the database was to allow consistency for data users of previously released databases that contain the AP-V8.1 and AP-V12.0.

As of fiscal year-end 2001, the Division began to use 3M's AP-DRG V12.0, V14.1, and V18.0 groupers with the database. AP-DRG Version 8.1 has been discontinued and the most current 3M AP-DRG Version 18.0 Grouper was added to the database. Hospitals were reviewed for verification using the AP-V12.0, V14.1, and V18.0 Groupers.

The Version 12.0, and 14.1, and 18.0 All Patient-DRG methodology is not totally congruent with the ICD-9-CM procedure and diagnosis codes in effect for this fiscal year. Therefore, it was necessary to convert some ICD-9-CM codes to those acceptable to these groupers. The DHCFP mapped the applicable ICD-9-CM codes into a clinically representative code using the historical mapper utility provided by 3M Health Information Systems. This conversion was done internally for the purpose of DRG assignment and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospitals.

There are several birth weight options within the 3M Grouper software for determining newborn DRG assignment. Option 5, which determines the newborn DRG by inferring the birth weight from the ICD-9-CM code, is used as the birth weight option in implementations of groupers V12.0, V14.1, and V18.0.

DRGs and the Verification Report Process

The hospital's profile of discharges, grouped by AP-DRG 12.0, AP-DRG 14.1, and AP-DRG 18.0, is part of the verification report and it is this grouped profile on which the hospitals commented.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS - Continued:

All Patient Refined Grouper (3M APR-DRG 15.0)

As of FY1997, the All Patient Refined DRGs V12.0 were added to the Hospital Discharge Database. The All Patient Refined DRGs (3M APR-DRG) are a severity/risk adjusted classification system that provide a more effective means of adjusting for patient differences. APR-Version 15.0 is the most current and year-2000 compliant version of the APR Grouper. This version (15.0) has replaced the previously used APR V12.0 for grouping the HDD patient data.

The 3M APR-DRGs expand the basic DRG structure by adding four subclasses to each illness and risk of mortality. Severity of illness and risk of mortality relate to distinct patient attributes. Severity of illness relates to the extent of physiologic decompensation or organ system loss of function experience by the patient, while risk of mortality relates to the likelihood of dying. For example, a patient with acute cholecystitis as the only secondary diagnosis is considered a major severity of illness but a minor risk of mortality. The severity of illness is major since there is significant organ system loss of function associated with acute cholecystitis. However, it is unlikely that the acute cholecystitis alone will result in patient mortality and thus, the risk of mortality for this patient is minor. If additional diagnoses are present along with the acute cholecystitis, patient severity of illness and risk of mortality may increase. For example, if peritonitis is present along with the acute cholecystitis, the patient is considered an extreme severity of illness and a major risk of mortality.

Since severity of illness and risk of mortality are distinct patient attributes, separate subclasses are assigned to a patient for severity of illness and risk of mortality. Thus, in the APR-DRG system, a patient is assigned three distinct descriptors:

- The base APR-DRG (e.g., APR-DRG 194 – Heart Failure or APR-DRG 440 – Kidney Transplant)
- The severity of illness subclass
- The risk of mortality subclass

The four severity of illness subclasses and the four risk of mortality subclasses are numbered sequentially from 1 to 4 indicating respectively, minor, moderate, major, or extreme severity of illness or risk of mortality.

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DRG Groupers:

All Patient Refined Grouper V. 15.0 - Continued

The Division's FY 2004 Discharge Database contains the **APR- DRG 15.0, the APR-MDC 15.0, the severity subclass, and the mortality subclass**. For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRGs in conjunction with severity of illness subclass is used. The severity subclass data can be found in the Discharge File Table Summary in the variable named "**APR – V15 Severity Level**".¹ For evaluating patient mortality, the 3M APR-DRG in conjunction with the risk of mortality subclass is used. The mortality subclass data can be found in the Discharge File Table in the variable named "**APR – V15 Mortality Level**".

All three groupers, versions 12.0, 14.1, 18.0, and the All Patient Refined Version 15.0 are included in the FY2004 Hospital Discharge Database.

Please note that the Division maintains listings of the DRG numbers and associated descriptions for the three DRG Groupers included in the database. These are available upon request.

¹ Massachusetts-specific cost weights were developed for the All Patient Refined DRG Grouper (Version 12.0) and may be utilized with the information contained in the database.

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PART B. DATA

1. Data Quality Standards
2. General Definitions
3. General Data Caveats
4. Specific Data Elements

PART B. DATA

1. DATA QUALITY STANDARDS

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit case mix and charge data to the Division 75 days after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in ***Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data***, using a one percent error rate. The one percent error rate is based upon the presence of Type A and Type B errors as follows:

Type A: One error per discharge causes rejection of discharge.

Type B: Two errors per discharge causes rejection of discharge.

If one percent or more of the discharges are rejected, the entire submission is rejected by the DHCFP. These edits primarily check for valid codes, correct formatting, and presence of the required data elements. Please see Supplement I for a list of data elements categorized by error type.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met.

Verification Report Process

The verification report process is intended to present the hospitals with a profile of their individual data as reported and retained by the Division. The purpose of this process is to function as a quality control measure for hospitals. It allows the hospitals the opportunity to review the data they have provided to the Division and affirm its accuracy. The Verification Report itself is a series of frequency reports covering the selected data elements including the number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). Please refer to Supplement II for a description of the Verification Report contents.

PART B. DATA

1. DATA QUALITY STANDARDS

Verification Report Process – Continued

The Verification Report is produced after a hospital has successfully submitted the four quarters of data. The hospital is then asked to review and verify the data contained within the report. Hospitals need to affirm to the Division that the data reported is accurate or to identify any discrepancies. All hospitals are strongly encouraged to closely review their report for inaccuracies and to make corrections so that subsequent quarters of data will be accurate. Hospitals are then asked to certify the accuracy of their data by completing a **Case Mix Verification Report Response Form**.

The Verification Report Response Form allows for two types of responses as follows:

“A” Response: By checking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital’s case mix profile.

“B” Response: By checking this category, a hospital indicates that the data on the report is accurate except for the discrepancies noted.

If any data discrepancies exist (e.g., a “B” response), the Division requests that hospitals provide written explanations of the discrepancies, so that they may be included in this General Documentation Manual.

Note: The verification reports are available for review. Please direct requests to the attention of Public Records by facsimile to fax # 617-727-7662.

PART B. DATA

2. GENERAL DEFINITIONS

Before turning to a description of the specific data elements, several basic definitions (as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*) should be noted.

Case Mix Data

Case specific, diagnostic discharge data which includes both clinical data, such as medical reason for admission, treatment, and services provided to the patient, and duration and status of the patient's stay in the hospital; and socio-demographic data such as sex, race, expected payer, and patient zip code.

Charge Data

The full, undiscounted total and service-specific charges billed by the hospital to the general public.

Ancillary Services

The services and their definitions as specified in the DHCFP **Hospital Uniform Reporting Manual** (HURM) s. 3243, promulgated under 114.1 CMR 4.00.

Reporting codes are defined in 114.1 CMR 17.06 (2)(c), and include physical therapy, laboratory, and respiratory services.

Routine Services

The services and their definitions as specified in DHCFP's HURM s. 3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a) and include medical/surgical, obstetrics, and pediatrics.

Special Care Units

The units which provide patient care of a more intensive nature than provided to the usual medical, obstetrical, or pediatric patient. These units are staffed with specially trained nursing personnel, and contain monitoring and specialized support equipment for patients who require intense, comprehensive care.

Leave of Absence Days

The number of days of a patient's absence during a hospital stay, with physician approval, but without formal discharge and readmission to the facility.

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PART B. DATA

3. GENERAL DATA CAVEATS

The following general data caveats have been developed from the Division's Case Mix Data Advisory Group, staff members at the Massachusetts Hospital Association (MHA), the Massachusetts Health Data Consortium (MHDC), and the numerous admitting, medical records, financial, administrative, and data processing personnel who call to comment on the Division's procedural requirements.

Information may not be entirely consistent from hospital to hospital due to differences in:

- Collection and Verification of Patient supplied information before or at admission;
- Medical record coding, consistency, and/or completeness;
- Extent of hospital data processing capabilities;
- Flexibility of hospital data processing systems;
- Varying degrees of commitment to quality of merged case mix and charge data;
- Capacity of financial processing system to record late occurring charges on the Division of Health Care Finance and Policy's tape;
- Non-comparability of data collection and reporting.

Case Mix Data

In general terms, the case mix data is derived from patient discharge summaries, which can be traced to information gathered upon admission, or from information entered by admitting and attending physicians into the medical record. The quality of the case mix data is dependent upon hospital data collection policies and coding practices of the medical record staff, as well as the DRG optimizing software used by the hospital.

PART B. DATA

3. GENERAL DATA CAVEATS - Continued

Charge Data

Issues to consider with charge data: A few hospitals do not have the capacity to add late occurring charges to their tape within the present time frames for submitting data. In some hospitals, “days billed” or “accommodation charges” may not equal the length of the patient’s stay in the hospital. One should note that charges are a reflection of the hospital’s pricing strategy and may not be indicative of the cost of patient care delivery.

Expanded Data Elements

Care should also be used when examining data elements that have been expanded, especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some of the expanded codes. For example, the Patient Disposition codes were expanded as of January 1, 1994 to include a new code for “Discharged/Transferred to a Rehab Hospital”. Prior to this quarter, these discharges would have been reported under the code “Discharged/Transferred to Chronic or Rehab Hospital” which itself was changed to “Discharged/Transferred to Chronic Hospital”. If examining these codes across years, one will need to combine the “rehab” and “chronic” codes in the data beginning January 1, 1994.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

The purpose of the following section is to provide the user with an explanation of some of the data elements included in Regulation 114.1 CMR 17.00, and to give a sense of their reliability.

a. Existing Data Elements

DPH Hospital ID Number

The Massachusetts Department of Public Health's four-digit identification number. (See Supplement III).

Patient Race

The accuracy of the reporting of this data element for any given hospital is difficult to ascertain. Therefore, the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of the hospital's population.

Leave of Absence (LOA) Days

Hospitals are required to report these days to the Division, if they are used. At present, the Division is unable to verify the use of these days if they are not reported, nor can the Division verify the number reported if a hospital does provide the information. Therefore, the user should be aware that the validity of this category relies solely on the accuracy of a given hospital's reporting practices.

Principal External Cause of Injury Code

The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings, and adverse effects.

Unique Physician Number (UPN)

The encrypted Massachusetts Board of Registration in Medicine's license number for the attending and operating physician.

Physicians that do not have Board of Registration in Medicine license numbers that are submitted in the Hospital Discharge Database as DENSEG, PODTR, and OTHER (codes for Dental Surgeon, Podiatrist, and Other physician) appear in the AttendingPhysID and OperatingPhysID fields as MMMMMM or MMMMMM3?.

MIDWIF (the code for Midwife) appears in the AttendingPhysID and OperatingPhysID fields as K##### or K#####.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

a. Existing Data Elements - *Continued*

Payer Codes

In January 1994, payer information was expanded to include payer type and payer source. Payer type is the general payer category, such as HMO, Commercial, or Workers' Compensation. Payer source is the specific health care coverage plan, such as Harvard Pilgrim Health Plan or Aetna Life Insurance.

Over the years, payer type and payer source codes have been further expanded and updated to reflect the current industry. Effective October 1, 1997, payer type codes started to include Point-Of-Service Plan (POS) and Exclusive Provider Organization (EPO). Effective October 1, 1999, payer type codes were updated for #21 – Commonwealth PPO to Type E – PPO (formerly type C – BCBS). Also effective on this date, payer source codes were expanded to include: 203 – Principal Financial Group; 204 – Christian Brothers; and 271 – Hillcrest HMO.

A complete listing of Payer types and sources can be found in this manual under Part F. Supplementary Information.

Source of Admission

In January 1994, three new sources of admission were added: ambulatory surgery, observation, and extramural birth (for newborns).

The codes were further expanded effective October 1, 1997, to better define each admission source. Physician referral was further clarified as "Direct Physician Referral" (versus calling a health plan for an HMO Referral or Direct Health Plan Referral). "Clinic Referral" was separated into "Within Hospital Clinic Referral" and "Outside Hospital Clinic Referral". And "Emergency Room Transfer" was further delineated to include "Outside Hospital Emergency Room Transfers" and "Walk-In/Self-Referrals". (The latter was added to reflect the fact that Walk-In/Self-Referrals are a common source of admission in hospital emergency rooms.)

Effective October 1, 1999, the Division added a new data element, Secondary Source of Admission, as well as a new source of admission code, "Transfer from Within Hospital Emergency Room". These additions were intended to accommodate those patients with two sources of admission (for example, patients transferred twice prior to being admitted). It is important to note that the code "Transfer from Within" is intended to be used as a Secondary Source of Admission only, except in cases where the hospital is unable to determine the originating or primary source of admission.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

a. Existing Data Elements - *Continued*

Patient Disposition

Six new discharge/transfer categories were added in January 1994 and October 1997.

- 1) Code 05: To another type of institution for inpatient care or referred for outpatient services to another institution;
- 2) Code 08: To home under care of a Home IV Drug Therapy Provider;
- 3) Code 13: To rehab hospital
- 4) Code 14: To rest home
- 5) Code 50: Discharged to Hospice – Home (added 10/1/97)
- 6) Code 51: Discharged to Hospice Medical Facility (added 10/1/97)

Accommodation and Ancillary Revenue Codes

Accommodation and Ancillary Revenue Codes have been expanded to coincide with the current UB-92 Revenue Codes.

Effective October 1, 1997, new Accommodation Revenue codes were added for Chronic (code 192), Subacute (code 196), Transitional Care Unit (TCU) (code 197), and for Skilled Nursing Facility (SNF) (code 198).

Also, effective in 1998, Ancillary Revenue Code 760 was separated into individual UB-92 components which include Treatment Room (code 761), Observation Room (code 762), and Other Observation Room (code 769). Please note that the required standard unit of service for codes 762 and 769 is “hours”.

Unique Health Identification Number (UHIN)

The patient’s social security number is reported as a nine-digit number, which is then encrypted by the Division into a Unique Health Information Number (UHIN). Therefore, a social security number is never considered a case mix data element. Only the UHIN is considered a database element and only the encrypted number is used by the Division. Please note that per regulation 114.1 CMR 17.00, the number reported for the patient’s social security number should be the patient’s social security number, not the social security number of some other person, such as the husband or wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there exists a separate field designated for social security number of the newborn’s mother.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

b. New Data Elements (as of October 1, 2001)

Effective October 1, 2001, two new data elements were added to Regulation 114.1 CMR 17.00 – an ER indicator and an Observation indicator.

ER Indicator

A flag to indicate whether the patient was admitted from the hospital's emergency department.

Observation Indicator

A flag to indicate whether the patient was admitted from the hospital's outpatient observation department.

New Payer Sources

The following new payer sources were added as of October 1, 2001:

207 – Network Health (Cambridge Health Alliance MCD Program)

208 – HealthNet Boston (Boston Medical Center MCD Program)

272 – Auto Insurance

990 – Free Care – co-pay, deductible, or co-insurance (for use with #143)

New Payer Type

One new payer type was added – Auto Insurance (Code T – Abbreviation AI).

c. New Data Elements (as of October 1, 1999)

Effective October 1, 1999, several new data elements were added to Regulation 114.1 CMR 17.00. They are as follows.

Secondary Source of Admission

A code indicating the source of referring or transferring the patient to inpatient status in the hospital. The Primary Source of Admission is the originating, referring, or transferring facility or primary referral source causing the patient to enter the hospital's care. The secondary source of admission is the secondary referring or transferring source for the patient. For example, if a patient has been transferred from a SNF to the hospital's Clinic and is then admitted, the Primary Source of Admission is reported as "5 – Transfer from a SNF" and the Secondary Source of Admission is reported as "Within Hospital Clinic Referral".

PART B. DATA

4. SPECIFIC DATA ELEMENTS

c. New Data Elements (as of October 1, 1999) – *Continued*

Do Not Resuscitate (DNR) Status

A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only. Do not resuscitate status means not to revive a patient from potential or apparent death or that a patient was being treated with comfort measures only.

Mother's Social Security Number (for infants up to one year old)

The social security number of the patient's mother reported as a nine-digit number for newborns or for infants less than 1 year old. The mother's social security number is encrypted into a Unique Health Information Number (UHIN) and is never considered a case mix data element. Only the UHIN is considered a database element and only this encrypted number is used by the Division.

Mother's Medical Record Number (for newborns born in the hospital)

The medical record number assigned within the hospital to the newborn's mother. This medical record number distinguishes the patient's mother and the patient's mother's hospital record(s) from all others in that institution.

Facility Site Number

A hospital determined number used to distinguish multiple sites that fall under one Massachusetts Department of Public Health (MDPH) facility number.

Organization ID

A unique facility number assigned by the Division.

Associated Diagnosis 9 – 14

This data element has been expanded to allow for up to 14 diagnoses.

Nurse Midwife Code for ATT and OP MD License Field

Other Caregiver Field

The primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver includes resident, intern, nurse practitioner, and physician's assistant.

Attending, Operating, and Additional Caregiver National Provider Identifier Fields

Please note that these are not yet part of the database. They are just placeholders for when they are implemented. These data elements will be required when available on a national basis.

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FY2004 Inpatient Hospital Discharge Database

PART B. DATA

d. Important Note Regarding the Use of Race Codes

If you have used data in previous years, you may have noted that the Race_Code information in the Inpatient file prior to FY2000 was inconsistent with the way the data was reported to the Division. Furthermore, the Inpatient data product was inconsistent with other data products, such as the Outpatient Observation data product. In FY2000, we corrected this inconsistency by standardizing the Race Code as the following table shows. Please note that to compare pre-FY2000 Inpatient data to current and future data, you will have to standardize using the translation table below.

The following table should be referenced when using Race Code data in all Division data products.

Race Code	Description	Pre-2000 Inpatient FIPA Code
1	White	White
2	Black	Black
3	Asian	Other
4	Hispanic	Unknown
5	American Indian	American Indian
6	Other	Asian
9	Unknown	Hispanic

*This format is consistent across all Division data products except pre-2000 Inpatient, and is the same format as reported to the Division.

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FY2004 Inpatient Hospital Discharge Database

PART B. DATA

e. DHCFP Calculated Fields

Admission Sequence Number

This calculated field indicates the chronological order of admissions for patients with multiple inpatient stays. A match with the UHIN only, is used to make the determination that a patient has had multiple stays.**

Days Between UHIN Stays

This calculated field indicates the number of days between each discharge and each consecutive admission for applicable patients. Again, a match with the UHIN only, is used to make a determination that a patient has been readmitted. (Please read the comments below.)**

Analysis of UHIN data by the Division has turned up problems with some of the reported data. For a small number of hospitals, little or no UHIN data exists, as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2% – 10%.

In the past, the DHCFP has found that, on average, 91% if the SSNs submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitor the encryption process to ensure that duplicate UHINs are not inappropriately generated, and that recurring SSNs consistently encrypt to the same UHIN. Only valid SSNs are encrypted to a UHIN. It is valid for hospitals to report that the SSN is unknown. In these cases, the UHIN appears as '000000001'.

Invalid SSNs are assigned 7 or 8 dashes and an error code. The list of error codes is as follows:

ssn_empty = 1
ssn_notninechars = 2
ssn_allcharsequal = 3
ssn_firstthreecharszero = 4
ssn_midtwocharszero = 5
ssn_lastfourcharszero = 6
ssn_notnumeric = 7
ssn_rangeinvalid = 8
ssn_erroroccurred = 9
ssn_encrypterror = 10

**Based on these findings, the DHCFP strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that data.

General Documentation
FY2004 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

1. Summary of Hospitals' FY2004 Final Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies By Category
4. Index of Hospitals Reporting Data Discrepancies
5. Individual Hospital Discrepancy Documentation

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FY2004 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2004
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2006	Anna Jaques Hospital	X			
2226	Athol Memorial Hospital	X			
2339	Baystate Medical Center		X		See explanation.
2313	Berkshire Medical Center	X			
2054	Beth Israel Deaconess Hospital – Needham	X			
2069	Beth Israel Deaconess Medical Center	X			
2307	Boston Medical Center – Harrison Avenue Campus	X			
2921	Brigham and Women's Hospital	X			
2118	Brockton Hospital	X			
2108	Cambridge Health Alliance – Cambridge Campus	X			
2135	Cape Cod Hospital	X			
2003	Caritas Carney Hospital	X			
2101	Caritas Good Samaritan Medical Center	X			
2KGH	Caritas Good Sam. Medical Ctr. – Norcap Lodge Campus	X			

General Documentation
FY2004 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2004
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2225	Caritas Holy Family Hospital	X			
2114	Caritas Norwood Hospital & Med. Ctr.	X			
2085	Caritas St. Elizabeth's Medical Center	X			
2139	Children's Hospital Boston	X			
2126	Clinton Hospital	X			
2155	Cooley Dickinson Hospital	X			
2335	Dana-Farber Cancer Institute	X			
2018	Emerson Hospital		X		See explanation.
2052	Fairview Hospital	X			
2289	Falmouth Hospital	X			
2048	Faulkner Hospital	X			
2120	Franklin Medical Center		X		See explanation.
2038	Hallmark Health – Lawrence Memorial Hospital Campus	X			

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PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2004
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2058	Hallmark Health – Melrose-Wakefield Hospital Campus	X			
2143	Harrington Memorial Hospital	X			
2034	Health Alliance Hospitals, Inc.		X		See explanation.
2036	Heywood Hospital	X			
2145	Holyoke Medical Center	X			
2157	Hubbard Regional Hospital	X			
2082	Jordan Hospital	X			
2091	Kindred Hospital – Boston	X			
2171	Kindred Hospital Boston – North Shore	X			
2033	Lahey Clinic	X			
2099	Lawrence General Hospital	X			
2040	Lowell General Hospital	X			
2103	Marlborough Hospital	X			

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PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2004
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2042	Martha's Vineyard Hospital	X			
2148	Mary Lane Hospital		X		See explanation.
2167	Massachusetts Eye and Ear Infirmary	X			
2168	Massachusetts General Hospital		X		See explanation.
2150	Mercy Medical Center - Providence		X		See explanation.
2149	Mercy Medical Center – Springfield	X			
2131	Merrimack Valley Hospital	X			
2020	MetroWest Medical Center – Framingham	X			
2039	MetroWest Medical Center – Leonard Morse	X			
2105	Milford Regional Medical Center	X			
2227	Milton Hospital	X			
2022	Morton Hospital and Medical Center	X			
2071	Mount Auburn Hospital	X			

General Documentation
FY2004 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2004
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2044	Nantucket Cottage Hospital		X		See explanation.
2298	Nashoba Valley Medical Center	X			
2059	New England Baptist Hospital		X		Hospital reported discrepancies in discharges per month. No further details included.
2075	Newton-Wellesley Hospital	X			
2076	Noble Hospital		X		See explanation.
2061	North Adams Regional Hospital	X			
2014	North Shore Medical Center – Salem Campus		X		See explanation.
2073	North Shore Medical Center – Union Campus		X		See explanation.
2016	Northeast Health System – Addison Gilbert Campus	X			
2007	Northeast Health System – Beverly Campus	X			
2151	Quincy Medical Center	X			
2011	Saint Anne's Hospital	X			
2128	Saint Vincent Hospital at Worcester Medical Center	X			

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PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2004
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2063	Saints Memorial Medical Center	X			
2107	South Shore Hospital	X			
2337	Southcoast Hospitals Group – Charlton Memorial Campus	X			
2010	Southcoast Hospitals Group – St. Luke's Campus	X			
2106	Southcoast Hospitals Group – Tobey Hospital Campus	X			
2100	Sturdy Memorial Hospital	X			
2299	Tufts-New England Medical Center	X			
2841	UMass. Memorial Medical Center	X			
2094	Winchester Hospital	X			
2181	Wing Memorial Hospital and Medical Centers	X			Hospital verified data but later noted discrepancies involving 17 observation patients that were inadvertently included in the inpatient data. Please note the discrepancies have been corrected in the Observation data. See explanation concerning the Inpatient data.

PART C. HOSPITAL RESPONSES

2. LIST OF ERROR CATEGORIES

- Source of Admission
- Type of Admission
- Discharges by Month
- Primary Payer Type
- Diagnosis Codes per Discharge
- Patient Disposition
- Gender
- Procedure Codes per Discharge
- Race
- Age
- Top 20 E-Codes
- AP 12 MDCs Ranked
- AP 14 MDCs Ranked
- APR 15 MDCs Ranked
- AP 18 MDCs Ranked
- Top 20 AP 12 DRGs
- Top 20 AP 14 DRGs
- Top 20 APR 15 DRGs
- Top 20 AP 18 DRGs
- Length of Stay
- Ancillary Services
- Routine Accommodation
- Special Care Accommodation
- Ancillary Services Charges
- Routine Accommodation Charges
- Special Care Accommodation Charges

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FY2004 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Hospital	Source of Admission	Type of Admission	Discharges by Month	Primary Payer	Diagnosis Codes per Discharge	Patient Disposition	Gender	Procedure Codes per Discharge
Baystate Medical Center				X				
Emerson Hospital		X	X				X	
Franklin Medical Center				X				
Mary Lane Hospital				X				
Mass. General Hospital						X		
Mercy Medical Center - Providence	X	X	X	X	X	X	X	X
Nantucket Cottage	X	X	X	X		X	X	
New England Baptist			X					
Wing Memorial Hospital								

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PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY (Continued)

Hospital	Race	Age	Top 20 E-Codes	AP 12 MDCs	AP 14 MDCs	APR 15 MDCs	AP 18 MDCs	Top 20 AP 12 DRGs	Top 20 AP 14 DRGs	Top 20 APR 15 MDCs
Mercy Medical Center - Providence	X	X	X	X	X	X	X	X	X	X
Nantucket Cottage	X	X	X						X	X
Noble Hospital								X		

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PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY (Continued)

Hospital	Top 20 AP 18 DRGs	Length of Stay	Ancillary Services	Routine Accommod.	Special Care Accommod.	Ancillary Services Charges	Routine Accomm. Charges	Special Care Accomm. Charges
Emerson Hospital						X	X	
Health Alliance Hospitals			X	X		X		
Mass. General Hospital					X			
Mercy Medical Center - Providence	X	X	X	X	X	X	X	X
Nantucket Cottage	X		X					
Noble Hospital						X	X	
North Shore – Salem						X		
North Shore – Union						X		

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FY2004 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

4. INDEX OF HOSPITALS REPORTING DATA DISCREPANCIES FY2004

<u>Hospital</u>	<u>Page</u>
Baystate Medical Center	35
Emerson Hospital	36
Franklin Medical Center	37
Health Alliance Hospitals, Inc.	38
Mary Lane Hospital	39
Massachusetts General Hospital	40
Mercy Medical Center – Providence	41
Nantucket Cottage Hospital	43
Noble Hospital	51
North Shore - Salem Hospital	53
North Shore - Union Hospital	54
Wing Memorial Hospital	55

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

BAYSTATE MEDICAL CENTER

Baystate Medical Center reported discrepancies in the area of Primary Payer Type. The hospital stated that Primary Payer Type Frequency Payer Type B-Medicaid Managed Care was understated for Q2, Q3 and Q4 by approximately 1,200 discharges per quarter, or a total of 3,600. Conversely, payer type 8-HMO discharges were overstated by approximately 1,200 discharges for Q2, Q3, and Q4.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

EMERSON HOSPITAL

Emerson Hospital reported discrepancies in the areas of Type of Admission, Discharges by Month, Gender Distribution, Ancillary Services Charges, and Routine Accommodations Charges. The hospital submitted the following statement:

As noted on the verification form, we believe the data is accurate and complete with the exception of some accounts not making the tape due to false error messages. Our biggest issue is that we have some newborn babies erroring off of the tapes we submitted, due to no Accommodations charges or Ancillary Charges. However, this error is not correct, as when we pull up these accounts the babies have room and board and lab charges (ancillary) so we are not sure if we have a set up issue or a software issue. We are currently addressing this issue with our vendor (Meditech).

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

FRANKLIN MEDICAL CENTER

Franklin Medical Center reported discrepancies in the area of Primary Payer Type. The hospital stated that Primary Payer Type Frequency Payer Type B-Medicaid Managed Care was understated for Q2, Q3 and Q4 by approximately 120 discharges per quarter, or a total of 360. Conversely, payer type 4-Medicaid discharges were overstated by 35 discharges per quarter for Q2, Q3 & Q4. Also, payer type 8-HMO discharges were overstated by approximately 85 discharges for Q2, Q3, and Q4.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

HEALTH ALLIANCE HOSPITALS, INC.

Health Alliance Hospitals, Inc. reported discrepancies in the areas of Ancillary Services by Discharge, Routine Accommodation by Discharge, and Ancillary Services Charges. The hospital identified the following inaccuracies:

Ancillary Services by Discharge: Incorrect volumes reported for 0470-Audiology.

Ancillary Services Charges: Incorrect due to inaccuracies noted above.

Routine Accommodation by Discharge: Incorrect volumes reported for 0113-Pediatrics. Corrected volumes are as follows:

Q1: 26

Q2: 30

Q3: 20

Q4: 14

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

MARY LANE HOSPITAL

Mary Lane Hospital reported discrepancies in the area of Primary Payer Type. The hospital indicated that payer type B-Medicaid Managed Care was understated for Q2, Q3 and Q4 by approximately 30 discharges per quarter, or a total of 90. Conversely, payer type 8-HMO discharges were overstated by approximately 30 discharges per quarter for Q2, Q3 & Q4.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

MASSACHUSETTS GENERAL HOSPITAL

Massachusetts General Hospital reported discrepancies in the areas of Patient Disposition Frequency and Special Care Accommodations by Discharge. The discrepancies resulted from the conversion of the hospital's submission from one database to another in Q4 of FY2004. The conversion process included the review of various mapping tables and incorporation of some new values. As a result of the process, the trends in the Patient Disposition Frequency Distribution (report 6) and Special Care Accommodations by Discharge (report 23) changed with the Quarter 4 reporting.

The hospital stated that it was confident that the new mappings more accurately reflected the data and that it would continue to use these mappings going forward. The hospital did not feel that it was necessary to re-submit prior quarters.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

MERCY MEDICAL CENTER – PROVIDENCE BEHAVIORAL HEALTH HOSPITAL CAMPUS

Mercy Medical Center – Providence Behavioral Health Hospital Campus reported discrepancies in all areas: Source of Admission, Type of Admission, Discharges by Month, Primary Payer Type Frequency, Diagnosis Codes, Patient Disposition, Gender, Procedure Codes, Race, Age, Top 20 E-Codes, AP 12 MDCs in Rank Order, Top 20 AP 12 DRGs by Discharge, AP 14 MDCs in Rank Order, Top 20 AP 14 DRGs by Discharge, APR 15 MDCs in Rank Order, Top 20 APR 15 DRGs by Discharge, AP 18 MDCs in Rank Order, Top 20 AP 18 DRGs by Discharge, Length of Stay, Ancillary Services, Routine Accommodation Frequency, Special Care Accommodation Frequency, Ancillary Services Charges, Routine Accommodation Charges, and Special Care Accommodation Charges. The hospital submitted the following discrepancy documentation.

All Providence Reports are incorrect due to 3rd quarter April discharges included in the second quarter submission. DHCFP 3rd quarter totals are 1,368. Actual totals 1,015. This 353 April total affects all reports.

Discharges by Month – Providence IP Case Mix total for April is listed as 710. Actual total should be 357. Providence Final 2004 total should be 4,062.

This error has overstated the 2nd quarter totals for the following reports while the 3rd quarter totals match our statistics.

The following reports should have 1,033 as the 2nd quarter total:

- Source of Admission
- Type of Admission
- Primary Payer Type Frequency
- Diagnosis Codes per Discharge
- Patient Disposition Frequency
- Gender Distribution
- Race Frequency
- Routine Accommodation by Discharges Report
- All DRG and MDC reports

Other reports with inaccurate 2nd quarter totals

- Ancillary Services Charges
- Ancillary Services
- Routine Accommodation by Discharge Report
- Routine Accommodation Charges

PART C. HOSPITAL RESPONSES

General Documentation
FY2004 Inpatient Hospital Discharge Database

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

**MERCY MEDICAL CENTER – PROVIDENCE BEHAVIORAL HEALTH
HOSPITAL CAMPUS**

Mercy Medical Center – Providence Behavioral Health Hospital Campus Year: 2004

Discharge Month Frequency Report – Discrepancies

Month/Quarter	DHCFP	Corrected Data
April 2004	710	357
Q3 – Total	1,368	1,015
FY2004 – Total	4,415	4,062

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL

Nantucket Cottage Hospital reported discrepancies in the following areas: Source of Admission, Type of Admission, Discharges by Month, Primary Payer Type, Patient Disposition, Gender, Race, Age, Top 20 E-Codes, Top 20 AP 14 DRGs by Discharge, Top 20 APR 15 DRGs by Discharge, Top 20 AP 18 DRGs by Discharge, and Ancillary Services Frequency. Discrepancy documentation submitted by the hospital is included on the following pages.

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NANTUCKET COTTAGE HOSPITAL

Nantucket Cottage Hospital submitted the following documentation.

Thank you for the opportunity to verify the Inpatient Case Mix Data for FY2004. The information in the report reflects that 598 cases were submitted. The hospital's census information indicates a discrepancy of 1 case for the FY2004 total = 597 discharges / 599 admissions.

While the total of cases was off by only 1, 16 of the newborn cases were inappropriately classified at registration. The total newborn deliveries based on discharge data = 96 not 80 as reported. No babies were born outside the hospital. These newborn cases had not been identified appropriately or linked in the system to the mother's record.

Another area of concern identified has to do with the Ancillary Services by Discharge report. I will discuss the variances that have been identified with the patient accounts manager and then bring it up to our quarterly Safety/PI and MR/UR committees. The expectation is for the statistical information submitted by the departments to match the system driven information that is submitted to the Division Health Data Policy Group.

I have to revise the quarterly case mix data & the totals for the following reports (see attachments):

- Source of Admission Frequency Report
- Admission Type Frequency Report
- Discharge Month Frequency Report
- Primary Payer Type Frequency Report
- Patient Disposition Frequency Report
- Gender Frequency Report
- Patient Race Frequency Report
- Discharge by Age Category Frequency Report
- Top 20 E-Codes by Discharge Report
- Top 20 AP 14 DRGs by Discharge Report
- Top 20 AP 15 DRGs by Discharge Report
- Top 20 AP 18 DRGs by Discharge Report
- Ancillary Services by Discharge Report

Additionally, I have footed the hospital grouper to the information released through your agency's version relatively satisfactorily with the exception of the newborn, OB data and the addition of DRG 182 = 11 cases for the Top 20 AP 18 DRGs with most total discharges. As a point of information, I have enclosed a frequency ranking of the top 27 DRGs and their principal diagnoses from our grouper. This information will be presented for discussion at the Medical Staff MR/UR committee this month.

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FY2004 Inpatient Hospital Discharge Database

NANTUCKET COTTAGE HOSPITAL

FY2004 Documentation

Source of Admission Frequency Report

Code	Q1	Q2	Q3	Q4	Total
0-Information Not Available	0	0	0	0	0
1-Direct Physician Referral	50	46	50	46	192
7-Outside Hospital ER Transfer	73	53	67	113	306
A-Normal Delivery	21	28	31	16	96
D-Extramural Birth	0	0	0	0	0
All Sources	145	128	148	176	597

Admission Type Frequency Report

Code	Q1	Q2	Q3	Q4	Total
1-Emergency	44	20	26	34	124
2-Urgent	68	75	83	117	343
3-Elective	12	5	8	9	34
All Admission Types	145	128	148	176	597

Discharge Month Frequency Report

Code	Total
2003/Dec	58
2004 Total	597

Primary Payer Type Frequency Report

Code	Q1	Q2	Q3	Q4	Total
Invalid	0	0	0	0	0
1-Self-Pay	11	7	8	11	37
2-Worker's Compensation	0	0	1	1	2
3-Medicare	48	37	48	64	197
4-Medicaid	21	21	25	14	81
6-Blue Cross	45	52	39	40	176
7-Comm'l Insurance	18	6	22	36	82
All Payer Sources	145	128	148	176	597

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FY2004 Inpatient Hospital Discharge Database

NANTUCKET COTTAGE HOSPITAL

FY2004 Documentation

Patient Disposition Frequency Report

Code	Q1	Q2	Q3	Q4	Total
01-Discharge / transferred to home or self-care	103	99	112	138	452
All Patient Dispositions	145	128	148	176	597

Discharges by Gender Frequency Report

Code	Q1	Q2	Q3	Q4	Total
M-Male	53	44	53	78	228
All Genders	145	128	148	176	597

Race Frequency Report

Code	Q1	Q2	Q3	Q4	Total
1-White	121	109	124	148	502
All Races	145	128	148	176	597

Discharges by Age Category Frequency Report

Code	Q1	Q2	Q3	Q4	Total
45-64 Years	17	13	1	32	81
All Age Groups	145	128	148	176	597

Top 20 E-Code Frequency Report

Code	Q1	Q2	Q3	Q4	Total
E9352-Other Opiates and	0	0	0	1	2

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NANTUCKET COTTAGE HOSPITAL

FY2004 Documentation

Top 20 AP 14 DRGs with Most Total Discharges

Code	Total 2004
629-Neonate, BWT>2499	90
373-Vaginal Delivery w/o Complicating Diag	64
127-Heart Failure & Shock	14
372-Vaginal Delivery w Compli	11
089-Simple Pneumonia & Pleur	16
174-G.I. Hemorrhage	15
278-Cellulitis Age >17 w/o cc	5
090-Simple Pneumonia & Pleur	6
423-Other Infectious & Parasitic	12
175-G.I. Hemorrhage w/o CC	3
296-Nutritional & Misc Metabol	11
182-Esophagitis, Gastroent	11
751-Alcohol Abuse or Dependence	11
183-Esophagitis, Gastroent & M	9

General Documentation
FY2004 Inpatient Hospital Discharge Database

NANTUCKET COTTAGE HOSPITAL

FY2004 Documentation

Top 20 APR 15 DRGs with Most Total Discharges

Code	Total 2004
640-Neonate, BWT>2499	95
775-Alcohol Abuse or Dependence	14
422-Hypovolemia & Electrolyte	12
201-Cardiac Arrhythmia	7
720-Septicemia	7
463-Kidney & Urinary Tract	7

Top 20 AP 18 DRGs with Most Total Discharges

Code	Total 2004
629-Neonate, BWT>2499	90
373-Vaginal Delivery w/o Complicating Diag	64
371-Cesarian Section w/o cc	21
372-Vaginal Delivery w Compli	11
127-Heart Failure & Shock	14
423-Other Infectious & Parasitic	12
174-G.I. Hemorrhage w cc	15
089-Simple Pneumonia & Pleur	16
751-Alcohol Abuse or Dependence	11
090-Simple Pneumonia & Pleur	6
383-Other Antepartum Diagnose	6
296-Nutritional & Misc Metabol	11
183-Esophagitis, Gastroent & M	9
278-Cellulitis Age >17 w/o cc	8
175-G.I. Hemorrhage w/o CC	3
182-Esophagitis, Gastroenteritis	11

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FY2004 Inpatient Hospital Discharge Database

NANTUCKET COTTAGE HOSPITAL

FY2004 Documentation

Ancillary Services by Discharges Report

Code	2004 Total
270-Med/Surg Supplies and Devices	351
360-Operating Room Services	45
370-Anesthesia	?
420-Physical Therapy*	
430-Occupational Therapy*	
440-Speech-Language Pathology*	
710-Recovery Room**	
720-Labor Room/Delivery***	
730-EKG/ECG (Electrocardiogram)	99

*GT for Rehab Inpatient Services reported by Department = 128 / DHCFP = 115

** Recovery Room DHCFP reported 15; ? C-Sections = 21 – 45 Inpatient Surgeries = 24 cases that could have received recovery room charges. ? Anesthesia DHCFP = 89; Total 97 deliveries + 24 additional inpatient surgeries = 121 cases that could have received anesthesia.

*** Labor Room/Delivery DHCFP = 95; Total 75 had vaginal deliveries & 21 had C-Sections.

General Documentation
FY2004 Inpatient Hospital Discharge Database

NANTUCKET COTTAGE HOSPITAL STATISTICS – FY2004

Dept	Inpatient	FY2004 Outpt	ED	Total	DHCF&P – INPT verification discrepancies
Surgery C-Section	45 21	405	148	598	360 – Operating Room Services = 34 (-11)
					371 – Cesarean Section w/o CC = 20 (-1)
					370 – Anesthesia = 89
IV Treat	0	1286	0	905	710 – Recovery Room = 15
Lab Encnters	1363	13445	3247	18055	260 – IV Therapy = 2 (+2)
Lab Tests	5345	60656	3408		300 – Laboratory = 492 (?)DCs
Lab Card ex	99	1152	848	1917	*390 – Blood Stg/Process = 32/NCH = 38 (-6)
X-Ray pts	181	1997	2321	4499	730 – EKGs = 68
X-Ray tests	190	2224	2745	5159	320 – Diagnostic Radiology = 258 (+78)
Ultrasound pts	45	1050	197	1292	330 – Therapeutic Radiology = 1
Ultrasound ex	45	1069	140	1254	
MRI exams	0	432	1	433	610 – MRI = 5 *(+4)
CT scan pts	66	422	398	886	350 – CAT Scan = 81 *(+15)
CT exams	105	681	572	1358	
Rhb pts	128	820	0	948	420/430/440 – PT/OT/ST = 115(-13)
Rhb vts	373	8886	0	9259	
Rhb vts	723	24059	0	24782	
Dialysis pts	1	57	0	58	
Dialysis trt	3	610	0	613	
ER visits	519	0	10004	10523	450 – Emergency Room = 3
Er Adm IN	315				7 – Outside ER Transfer = 309 (-6)

*note: variance may be accounted for by ER admits.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NOBLE HOSPITAL

Noble Hospital reported discrepancies in the areas of Top 20 AP 12 DRGs, Ancillary Services Charges, and Routine Accommodations Charges. The discrepancies resulted from adjustments to patient charges after the tapes had been submitted, with the exception of the coding error for code 950. The coding error was corrected effective 3/24/05. Corrected data are set forth in the following tables.

Accommodation / Ancillary Charges

Category	DHCFP Report Totals	Hospital (Meditech) Report Totals	Variance
Med/Surg	8,227,418.00	8,214,438.15	12,979.85
ICU	2,204,022.00	2,200,767.25	3,254.75
Pedi	-	-	-
Psychiatric	5,053,801.00	5,053,790.10	10.90
Oncology	3,512.00	3,513.70	(1.70)
Rehabilitation	4,023,795.00	4,023,796.60	(1.60)
Ancillary Charges	26,313,952.00	26,333,796.47	(19,844.47)
Total	45,826,500.00	45,830,102.27	(3,602.27)

Incorrect Coding of Imp/Oth

Category	DHCFP Report Totals	Hospital (Meditech) Report Totals	Variance
Code 950	145,052.00	232,930.44	(87,878.44)
Code 270	3,756,552.00	3,669,022.64	87,529.36
Total	3,901,604.00	3,901,953.08	(349.08)

General Documentation
FY2004 Inpatient Hospital Discharge Database

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NOBLE HOSPITAL

Top 20 AP 12 DRG	DHCFP Total	Hospital Total	Variance
430	384	384	-
462	275	275	-
143	152	154	(2)
89	127	153	(26)
127	126	154	(28)
88	85	90	(5)
426	84	84	-
182	62	76	(14)
138	58	73	(15)
183	53	-	53
541	48	50	(2)
296	46	60	(14)
174	46	71	(25)
141	44	52	(8)
116	42	45	(3)
14	42	54	(12)
268	41	50	(9)
139	41	-	41
204	39	42	(3)
584	39	-	39
Total	1,834.00	1,867.00	(33.00)

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NORTH SHORE MEDICAL CENTER - SALEM HOSPITAL

Salem Hospital reported discrepancies in the area of Ancillary Services Charges. The hospital explained that the professional fee portion to charges was removed from the hospital's information system. As a result, the pro fee portions of the hospital's services were not included in the data submitted to DHCFP, excepting that which was submitted for the Free Care/ES Bad Debt claims data. Please see the following table for corrected data.

Ancillary Services Charges

Rev Code	Quarter 1	Quarter 2	Quarter 3	Quarter 4
960-969	279331.00	346922.00	317132.00	233488.00
970-979	16919.00	16779.00	12036.00	12640.00
980-989	476448.00	494066.00	490495.00	492378.00

Number of Discharged Patients

Rev Code	Quarter 1	Quarter 2	Quarter 3	Quarter 4
960-969	558	584	532	505
970-979	25	21	18	25
960-969	1749	1836	1829	1838

Please also note: Salem and Union Hospitals submitted HDD data jointly for Q4.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NORTH SHORE MEDICAL CENTER - UNION HOSPITAL

Union Hospital reported discrepancies in the area of Ancillary Services Charges. The hospital explained that the professional fee portion to charges was removed from the hospital's information system. As a result, the pro fee portions of the hospital's services were not included in the data submitted to DHCFP, excepting that which was submitted for the Free Care/ES Bad Debt claims data. Please see the following table for corrected data.

Ancillary Services Charges

Rev Code	Quarter 1	Quarter 2	Quarter 3	Quarter 4
960-969	1124068.00	1116743.00	1174006.00	1103322.00
970-979	477.00	2310.00	1526.00	4091.00
960-969	186330.00	190585.00	199952.00	203947.00

Number of Discharged Patients

Rev Code	Quarter 1	Quarter 2	Quarter 3	Quarter 4
960-969	704	713	739	660
970-979	2	3	2	5
960-969	1008	1043	1073	1004

Please also note: Salem and Union Hospitals submitted HDD data jointly for Q4.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

WING MEMORIAL HOSPITAL

Wing Memorial Hospital verified the Inpatient Hospital data but later noted discrepancies involving Outpatient Observation patients that were inadvertently included in the Inpatient Data. Please note, however, that the discrepancies have been corrected in the Outpatient Observation database. The hospital submitted the following explanation.

Wing Memorial Hospital resubmitted its Observation data for fiscal year 2004. This resubmission was the result of inpatient /observation classification changes required by various insurers subsequent to the original data filing. Wing Hospital made patient reclassifications based on the appropriate final patient classification of either inpatient or observation stays for payment purposes.

The number of discharges inadvertently included in the Inpatient Hospital Data that were reclassified as Observation was 17.

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FY2004 Inpatient Hospital Discharge Database

PART D. CAUTIONARY USE HOSPITALS

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FY2004 Inpatient Hospital Discharge Database

PART D. CAUTIONARY USE HOSPITALS

Previous year's data contained a separate file for the failed submissions. Beginning with FY2000, the database contains all submissions together, both passed and failed submissions for all hospitals within the database. The failed submissions are marked with an asterisk for easy identification. In 2001, the database file added a supplementary report, "Top Errors", listing all top errors by hospitals. This list contains top errors for both passed and failed submissions. Although this is not a cautionary use listing, its purpose is to provide the user with an overview of all hospitals' top errors, not just the failed submissions.

We are please to report that there are no cautionary use hospitals for FY2004. All hospitals submitted four quarters of acceptable data.

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FY2004 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2004

- 1. List of Hospitals Submitting Data for FY2004**
- 2. Hospitals with No Data Submissions**
- 3. Discharge Totals and Charges for Hospitals Submitting Data by Quarter**

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FY2004 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2004

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2004

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Medical Center
Berkshire Medical Center
Beth Israel Deaconess Hospital - Needham
Beth Israel Deaconess Medical Center
Boston Medical Center – Harrison Avenue Campus
Brigham and Women’s Hospital
Brockton Hospital
Cambridge Health Alliance - Cambridge
Cape Cod Hospital
Caritas Carney Hospital
Caritas Good Samaritan Medical Center
Caritas Good Samaritan Medical Center – Norcap Lodge Campus
Caritas Holy Family Hospital and Medical Center
Caritas Norwood Hospital
Caritas St. Elizabeth’s Medical Center
Children’s Hospital Boston
Clinton Hospital
Cooley Dickinson Hospital
Dana-Farber Cancer Institute
Emerson Hospital
Fairview Hospital
Falmouth Hospital
Faulkner Hospital
Franklin Medical Center
Hallmark Health System – Lawrence Memorial Hospital Campus
Hallmark Health System – Melrose-Wakefield Hospital Campus
Harrington Memorial Hospital
Health Alliance Hospitals
Heywood Hospital
Holyoke Medical Center
Hubbard Regional Hospital
Jordan Hospital
Kindred Hospital – Boston
Kindred Hospital Boston – North Shore
Lahey Clinic – Burlington
Lawrence General Hospital
Lowell General Hospital
Marlborough Hospital
Martha’s Vineyard Hospital
Mary Lane Hospital

General Documentation
FY2004 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2004

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2004 - *Continued*

Massachusetts Eye and Ear Infirmary
Massachusetts General Hospital
Mercy Medical Center – Providence Behavioral Health Hospital Campus
Mercy Medical Center – Springfield Campus
Merrimack Valley Hospital
MetroWest Medical Center – Framingham Campus
MetroWest Medical Center – Leonard Morse Campus
Milford Regional Medical Center
Milton Hospital
Morton Hospital and Medical Center
Mount Auburn Hospital
Nantucket Cottage Hospital
Nashoba Valley Medical Center
New England Baptist Hospital
Newton-Wellesley Hospital
Noble Hospital
North Adams Regional Hospital
North Shore Medical Center – Salem Campus
North Shore Medical Center – Union Campus
Northeast Health System – Addison Gilbert Campus
Northeast Health System – Beverly Campus
Quincy Medical Center
Saint Anne's Hospital
Saint Vincent Hospital at Worcester Medical Center
Saints Memorial Medical Center
South Shore Hospital
Southcoast Hospitals Group – Charlton Memorial Campus
Southcoast Hospitals Group – St. Luke's Campus
Southcoast Hospitals Group – Tobey Hospital Campus
Sturdy Memorial Hospital
Tufts-New England Medical Center
UMass. Memorial Medical Center
Winchester Hospital
Wing Memorial Hospital and Medical Centers

General Documentation
FY2004 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2004

2. LIST OF HOSPITALS WITH NO DATA FOR FY2004

The Division is pleased to announce that all Massachusetts acute care hospitals reported case mix and charge data for FY2004.

Note: Part D. Cautionary Use Hospitals contains information on hospitals with missing or problematic quarters. For FY2004, however, there were no cautionary use hospitals.

General Documentation
FY2004 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2004

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA – BY QUARTER

The following is a list of hospitals submitting data with discharge totals and charges by quarter. It is included here as a means of enabling users to crosscheck the contents of the electronic data file they receive.

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr	Hospital Name	DPH #	Total Discharges	Total Charges
1	Anna Jaques Hospital	2006	1,903	\$18,486,266
2	Anna Jaques Hospital		2,033	\$19,633,691
3	Anna Jaques Hospital		2,104	\$20,113,144
4	Anna Jaques Hospital		1,907	\$17,857,281
	Totals		7,947	\$76,090,382
1	Athol Memorial Hospital	2226	298	\$3,814,218
2	Athol Memorial Hospital		273	\$3,823,088
3	Athol Memorial Hospital		284	\$3,493,880
4	Athol Memorial Hospital		238	\$3,166,885
	Totals		1,093	\$14,298,071
1	Baystate Medical Center	2339	9,222	\$159,981,431
2	Baystate Medical Center		9,112	\$170,221,608
3	Baystate Medical Center		8,871	\$162,740,467
4	Baystate Medical Center		9,199	\$161,309,222
	Totals		36,404	\$654,252,728
1	Berkshire Health Systems – Berkshire	2313	3,259	\$40,598,834
2	Berkshire Health Systems – Berkshire		3,223	\$38,364,515
3	Berkshire Health Systems – Berkshire		3,322	\$40,047,006
4	Berkshire Health Systems – Berkshire		3,114	\$37,627,352
	Totals		12,918	\$156,637,707
1	Beth Israel Deaconess – Needham	2054	504	\$5,889,475
2	Beth Israel Deaconess – Needham		560	\$6,890,654
3	Beth Israel Deaconess – Needham		551	\$7,036,146
4	Beth Israel Deaconess – Needham		560	\$6,706,559
	Totals		2,175	\$26,522,834
1	Beth Israel Deaconess Medical Center	2069	9,401	\$204,974,039
2	Beth Israel Deaconess Medical Center		9,156	\$212,531,818
3	Beth Israel Deaconess Medical Center		9,882	\$218,634,436
4	Beth Israel Deaconess Medical Center		9,976	\$220,300,698
	Totals		38,415	\$856,440,991
1	Boston Medical Center – Harrison Ave.	2307	6,986	\$100,801,658
2	Boston Medical Center – Harrison Ave.		6,945	\$99,746,381
3	Boston Medical Center – Harrison Ave.		7,073	\$132,007,624
4	Boston Medical Center – Harrison Ave.		7,173	\$126,522,762
	Totals		28,177	\$459,078,425
1	Brigham and Women's Hospital	2921	12,110	\$419,692,169
2	Brigham and Women's Hospital		12,226	\$409,037,474
3	Brigham and Women's Hospital		12,830	\$420,937,000
4	Brigham and Women's Hospital		12,786	\$427,188,517
	Totals		49,952	\$1,676,855,160

General Documentation
FY2004 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr	Hospital Name	DPH #	Total Discharges	Total Charges
1	Brockton Hospital	2118	3,511	\$33,187,738
2	Brockton Hospital		3,722	\$35,927,463
3	Brockton Hospital		3,446	\$33,735,739
4	Brockton Hospital		3,416	\$33,489,753
	Totals		14,095	\$136,340,693
1	Cambridge Health Alliance-Cambridge	2108	4,394	\$53,963,306
2	Cambridge Health Alliance-Cambridge		4,318	\$54,321,341
3	Cambridge Health Alliance-Cambridge		4,227	\$51,051,252
4	Cambridge Health Alliance-Cambridge		4,222	\$50,934,409
	Totals		17,161	\$210,270,308
1	Cape Cod Hospital	2135	4,252	\$54,248,435
2	Cape Cod Hospital		4,075	\$54,354,923
3	Cape Cod Hospital		4,251	\$58,056,475
4	Cape Cod Hospital		4,497	\$62,726,266
	Totals		17,075	\$229,386,099
1	Caritas Carney Hospital	2003	2,164	\$24,343,437
2	Caritas Carney Hospital		2,167	\$26,008,846
3	Caritas Carney Hospital		2,042	\$24,043,075
4	Caritas Carney Hospital		2,009	\$24,276,412
	Totals		8,382	\$98,671,770
1	Caritas Good Samaritan Medical Ctr.	2101	2,988	\$26,891,081
2	Caritas Good Samaritan Medical Ctr.		2,871	\$27,650,862
3	Caritas Good Samaritan Medical Ctr.		3,019	\$27,704,675
4	Caritas Good Samaritan Medical Ctr.		3,051	\$27,695,881
	Totals		11,929	\$109,942,499
1	Caritas Good Sam. - Norcap Lodge	2KGH	748	\$2,125,819
2	Caritas Good Sam. - Norcap Lodge		723	\$2,084,311
3	Caritas Good Sam. - Norcap Lodge		647	\$1,864,444
4	Caritas Good Sam. - Norcap Lodge		713	\$2,124,736
	Totals		2,831	\$8,199,310
1	Caritas Holy Family Hospital	2225	3,338	\$33,026,646
2	Caritas Holy Family Hospital		3,304	\$33,306,297
3	Caritas Holy Family Hospital		3,188	\$32,530,726
4	Caritas Holy Family Hospital		3,246	\$29,977,626
	Totals		13,076	\$128,841,295
1	Caritas Norwood Hospital	2114	3,319	\$39,281,403
2	Caritas Norwood Hospital		3,406	\$42,091,292
3	Caritas Norwood Hospital		3,415	\$40,313,415
4	Caritas Norwood Hospital		3,286	\$39,100,411
	Totals		13,426	\$160,786,521
1	Caritas St. Elizabeth's Hospital	2085	4,350	\$71,602,959
2	Caritas St. Elizabeth's Hospital		4,389	\$74,339,142
3	Caritas St. Elizabeth's Hospital		4,246	\$74,617,132
4	Caritas St. Elizabeth's Hospital		4,303	\$73,647,030
	Totals		17,288	\$294,206,263

General Documentation
FY2004 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr	Hospital Name	DPH #	Total Discharges	Total Charges
1	Children's Hospital Boston	2139	4,120	\$134,701,131
2	Children's Hospital Boston		4,230	\$126,287,273
3	Children's Hospital Boston		4,173	\$132,599,151
4	Children's Hospital Boston		4,026	\$134,156,407
	Totals		16,549	\$527,743,962
1	Clinton Hospital	2126	314	\$4,211,148
2	Clinton Hospital		333	\$4,471,083
3	Clinton Hospital		331	\$4,488,915
4	Clinton Hospital		288	\$4,050,728
	Totals		1,266	\$17,221,874
1	Cooley Dickinson Hospital	2155	2,226	\$22,283,287
2	Cooley Dickinson Hospital		2,142	\$21,205,917
3	Cooley Dickinson Hospital		2,164	\$20,738,129
4	Cooley Dickinson Hospital		1,903	\$18,453,462
	Totals		8,435	\$82,680,795
1	Dana-Farber Cancer Institute	2335	290	\$14,177,241
2	Dana-Farber Cancer Institute		233	\$11,320,325
3	Dana-Farber Cancer Institute		244	\$12,777,427
4	Dana-Farber Cancer Institute		163	\$8,785,198
	Totals		930	\$47,060,191
1	Emerson Hospital	2018	2,266	\$27,448,264
2	Emerson Hospital		2,073	\$28,152,919
3	Emerson Hospital		2,076	\$30,366,931
4	Emerson Hospital		1,988	\$27,931,489
	Totals		8,403	\$113,899,603
1	Fairview Hospital	2052	319	\$2,604,467
2	Fairview Hospital		307	\$2,803,607
3	Fairview Hospital		350	\$3,128,944
4	Fairview Hospital		306	\$2,684,144
	Totals		1,282	\$11,221,162
1	Falmouth Hospital	2289	1,532	\$17,026,003
2	Falmouth Hospital		1,590	\$17,041,758
3	Falmouth Hospital		1,600	\$15,470,580
4	Falmouth Hospital		1,751	\$17,847,995
	Totals		6,473	\$67,386,336
1	Faulkner Hospital	2048	2,093	\$36,597,177
2	Faulkner Hospital		2,074	\$36,213,534
3	Faulkner Hospital		2,096	\$34,202,012
4	Faulkner Hospital		2,020	\$33,871,839
	Totals		8,283	\$140,884,562
1	Franklin Medical Center	2120	1,338	\$13,351,521
2	Franklin Medical Center		1,367	\$14,971,111
3	Franklin Medical Center		1,235	\$13,266,742
4	Franklin Medical Center		1,248	\$12,918,949
	Totals		5,188	\$54,508,323

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FY2004 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Hallmark Health – Lawrence Memorial	2038	1,314	\$17,308,207
2	Hallmark Health – Lawrence Memorial		1,372	\$18,256,629
3	Hallmark Health – Lawrence Memorial		1,304	\$17,514,593
4	Hallmark Health – Lawrence Memorial		1,271	\$17,079,946
	Totals		5,261	\$70,159,375
1	Hallmark Health – Melrose-Wakefield	2058	3,004	\$28,145,490
2	Hallmark Health – Melrose-Wakefield		2,969	\$28,933,288
3	Hallmark Health – Melrose-Wakefield		2,951	\$27,852,054
4	Hallmark Health – Melrose-Wakefield		2,922	\$27,458,017
	Totals		11,846	\$112,388,849
1	Harrington Memorial Hospital	2143	861	\$8,191,403
2	Harrington Memorial Hospital		872	\$8,116,968
3	Harrington Memorial Hospital		780	\$7,412,673
4	Harrington Memorial Hospital		862	\$7,953,101
	Totals		3,375	\$31,674,145
1	Health Alliance Hospitals, Inc.	2034	2,261	\$19,226,557
2	Health Alliance Hospitals, Inc.		2,199	\$20,175,024
3	Health Alliance Hospitals, Inc.		2,103	\$18,996,496
4	Health Alliance Hospitals, Inc.		2,104	\$18,903,252
	Totals		8,667	\$77,301,329
1	Heywood Hospital	2036	1,358	\$14,238,761
2	Heywood Hospital		1,348	\$15,246,566
3	Heywood Hospital		1,194	\$13,386,220
4	Heywood Hospital		1,254	\$14,051,685
	Totals		5,154	\$56,923,232
1	Holyoke Medical Center	2145	2,013	\$18,135,177
2	Holyoke Medical Center		1,991	\$19,019,958
3	Holyoke Medical Center		1,884	\$17,971,812
4	Holyoke Medical Center		2,023	\$17,809,602
	Totals		7,911	\$72,936,549
1	Hubbard Regional Hospital	2157	471	\$4,217,723
2	Hubbard Regional Hospital		468	\$4,361,940
3	Hubbard Regional Hospital		366	\$2,919,805
4	Hubbard Regional Hospital		278	\$1,839,443
	Totals		1,583	\$13,338,911
1	Jordan Hospital	2082	2,177	\$22,203,452
2	Jordan Hospital		2,098	\$23,252,345
3	Jordan Hospital		2,084	\$22,530,259
4	Jordan Hospital		2,160	\$22,749,566
	Totals		8,519	\$90,735,622
1	Kindred Hospital – Boston	2091	106	\$9,725,419
2	Kindred Hospital – Boston		94	\$8,012,905
3	Kindred Hospital – Boston		86	\$7,165,886
4	Kindred Hospital – Boston		95	\$7,771,797
	Totals		381	\$32,676,007

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FY2004 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Kindred Hospital Boston – North Shore	2171	126	\$8,635,103
2	Kindred Hospital Boston – North Shore		129	\$9,289,253
3	Kindred Hospital Boston – North Shore		132	\$12,408,695
4	Kindred Hospital Boston – North Shore		126	\$10,406,268
	Totals		513	\$40,739,319
1	Lahey Clinic Burlington	2033	4,664	\$82,160,407
2	Lahey Clinic Burlington		4,714	\$85,843,158
3	Lahey Clinic Burlington		4,879	\$87,558,539
4	Lahey Clinic Burlington		4,773	\$87,629,566
	Totals		19,030	\$343,191,670
1	Lawrence General Hospital	2099	2,739	\$28,661,267
2	Lawrence General Hospital		2,854	\$31,241,966
3	Lawrence General Hospital		2,831	\$29,961,831
4	Lawrence General Hospital		2,788	\$28,543,732
	Totals		11,212	\$118,408,796
1	Lowell General Hospital	2040	2,987	\$27,680,772
2	Lowell General Hospital		3,005	\$27,886,885
3	Lowell General Hospital		3,024	\$27,401,344
4	Lowell General Hospital		2,953	\$25,746,996
	Totals		11,969	\$108,715,997
1	Marlborough Hospital	2103	894	\$10,838,159
2	Marlborough Hospital		878	\$11,048,041
3	Marlborough Hospital		853	\$10,552,803
4	Marlborough Hospital		842	\$10,732,239
	Totals		3,467	\$43,171,242
1	Martha's Vineyard Hospital	2042	245	\$2,502,032
2	Martha's Vineyard Hospital		242	\$2,908,791
3	Martha's Vineyard Hospital		260	\$3,185,645
4	Martha's Vineyard Hospital		326	\$3,561,287
	Totals		1,073	\$12,157,755
1	Mary Lane Hospital	2148	436	\$2,960,450
2	Mary Lane Hospital		391	\$3,199,316
3	Mary Lane Hospital		333	\$2,513,926
4	Mary Lane Hospital		343	\$2,605,237
	Totals		1,503	\$11,278,929
1	Mass. Eye and Ear Infirmary	2167	348	\$5,690,862
2	Mass. Eye and Ear Infirmary		322	\$5,352,895
3	Mass. Eye and Ear Infirmary		347	\$5,392,538
4	Mass. Eye and Ear Infirmary		331	\$4,907,817
	Totals		1,348	\$21,344,112
1	Massachusetts General Hospital	2168	12,182	\$492,426,464
2	Massachusetts General Hospital		11,961	\$482,814,822
3	Massachusetts General Hospital		12,291	\$494,633,774
4	Massachusetts General Hospital		12,157	\$503,212,133
	Totals		48,589	\$1,973,087,193

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FY2004 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Mercy Medical Center - Providence	2150	1,006	\$12,676,171
2	Mercy Medical Center - Providence		1,386	\$16,573,885
3	Mercy Medical Center - Providence		1,015	\$11,864,824
4	Mercy Medical Center - Providence		1,008	\$13,471,196
	Totals		4,415	\$54,586,076
1	Mercy Medical Center - Springfield	2149	3,313	\$48,616,337
2	Mercy Medical Center - Springfield		3,090	\$48,122,173
3	Mercy Medical Center - Springfield		3,199	\$49,759,942
4	Mercy Medical Center - Springfield		3,086	\$45,885,305
	Totals		12,688	\$192,383,757
1	Merrimack Valley Hospital	2131	1,092	\$12,832,516
2	Merrimack Valley Hospital		1,060	\$12,977,463
3	Merrimack Valley Hospital		1,048	\$17,592,323
4	Merrimack Valley Hospital		1,078	\$27,669,306
	Totals		4,278	\$71,071,608
1	MetroWest Medical Ctr. - Framingham	2020	2,800	\$32,874,784
2	MetroWest Medical Ctr. - Framingham		2,749	\$33,223,082
3	MetroWest Medical Ctr. - Framingham		2,849	\$33,247,995
4	MetroWest Medical Ctr. - Framingham		2,822	\$33,907,565
	Totals		11,220	\$133,253,426
1	MetroWest Med. Ctr. – Leonard Morse	2039	1,343	\$22,075,642
2	MetroWest Med. Ctr. – Leonard Morse		1,401	\$21,559,138
3	MetroWest Med. Ctr. – Leonard Morse		1,408	\$22,255,779
4	MetroWest Med. Ctr. – Leonard Morse		1,356	\$20,159,810
	Totals		5,508	\$86,050,369
1	Milford Regional Medical Center	2105	2,149	\$26,691,274
2	Milford Regional Medical Center		2,157	\$27,293,303
3	Milford Regional Medical Center		2,127	\$27,176,386
4	Milford Regional Medical Center		2,171	\$27,548,431
	Totals		8,604	\$108,709,394
1	Milton Hospital	2227	1,050	\$12,418,222
2	Milton Hospital		1,051	\$12,810,788
3	Milton Hospital		1,041	\$11,914,732
4	Milton Hospital		1,052	\$11,889,953
	Totals		4,194	\$49,033,695
1	Morton Hospital	2022	1,881	\$16,768,682
2	Morton Hospital		1,919	\$17,764,769
3	Morton Hospital		1,972	\$17,663,079
4	Morton Hospital		1,952	\$17,343,588
	Totals		7,724	\$69,540,118
1	Mount Auburn Hospital	2071	3,482	\$35,376,640
2	Mount Auburn Hospital		3,539	\$36,830,946
3	Mount Auburn Hospital		3,649	\$37,495,219
4	Mount Auburn Hospital		3,681	\$34,784,318
	Totals		14,351	\$144,487,123

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FY2004 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Nantucket Cottage Hospital	2044	146	\$1,268,662
2	Nantucket Cottage Hospital		128	\$761,939
3	Nantucket Cottage Hospital		148	\$824,604
4	Nantucket Cottage Hospital		176	\$1,172,883
	Totals		598	\$4,028,088
1	Nashoba Valley Hospital	2298	617	\$7,260,688
2	Nashoba Valley Hospital		656	\$7,578,105
3	Nashoba Valley Hospital		693	\$8,121,939
4	Nashoba Valley Hospital		655	\$7,183,444
	Totals		2,621	\$30,144,176
1	New England Baptist Hospital	2059	1,630	\$35,989,340
2	New England Baptist Hospital		1,594	\$35,668,538
3	New England Baptist Hospital		1,645	\$35,282,724
4	New England Baptist Hospital		1,593	\$34,397,045
	Totals		6,462	\$141,337,647
1	Newton-Wellesley Hospital	2075	3,897	\$48,851,617
2	Newton-Wellesley Hospital		4,108	\$51,943,359
3	Newton-Wellesley Hospital		4,028	\$50,865,333
4	Newton-Wellesley Hospital		4,005	\$50,201,699
	Totals		16,038	\$201,862,008
1	Noble Hospital	2076	937	\$11,374,632
2	Noble Hospital		937	\$11,940,524
3	Noble Hospital		865	\$10,697,002
4	Noble Hospital		978	\$11,814,342
	Totals		3,717	\$45,826,500
1	North Adams Regional Hospital	2061	872	\$11,398,734
2	North Adams Regional Hospital		898	\$11,141,542
3	North Adams Regional Hospital		880	\$11,279,253
4	North Adams Regional Hospital		825	\$10,664,340
	Totals		3,475	\$44,483,869
1	North Shore Medical Center – Salem	2014	4,114	\$36,788,578
2	North Shore Medical Center – Salem		4,088	\$39,693,620
3	North Shore Medical Center – Salem		4,138	\$39,399,795
4	North Shore Medical Center – Salem		5,641	\$56,622,961
	Totals		17,981	\$172,504,954
1	North Shore Medical Center – Union	2073	1,587	\$19,837,795
2	North Shore Medical Center – Union		1,621	\$19,552,979
3	North Shore Medical Center – Union		1,682	\$19,321,009
4	North Shore Medical Center – Union		*	*
	Totals		4,890	\$58,711,783
1	Northeast Health – Addison Gilbert	2016	519	\$4,938,917
2	Northeast Health – Addison Gilbert		567	\$5,001,845
3	Northeast Health – Addison Gilbert		571	\$4,936,576
4	Northeast Health – Addison Gilbert		497	\$4,538,703
	Totals		2,154	\$19,416,041

* Q4 data for Union Hospital was submitted jointly with Salem Hospital.

General Documentation
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PART E. HOSPITALS SUBMITTING DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Northeast Health – Beverly	2007	4,099	\$35,033,916
2	Northeast Health – Beverly		4,008	\$35,370,473
3	Northeast Health – Beverly		4,231	\$36,812,803
4	Northeast Health – Beverly		4,199	\$35,553,314
	Totals		16,537	\$142,770,506
1	Quincy Medical Center	2151	2,057	\$24,043,738
2	Quincy Medical Center		1,983	\$24,345,709
3	Quincy Medical Center		2,025	\$23,620,879
4	Quincy Medical Center		1,953	\$23,434,120
	Totals		8,018	\$95,444,446
1	Saint Anne's Hospital	2011	1,562	\$21,674,473
2	Saint Anne's Hospital		1,666	\$25,123,353
3	Saint Anne's Hospital		1,614	\$23,591,652
4	Saint Anne's Hospital		1,482	\$21,160,485
	Totals		6,324	\$91,549,963
1	Saint Vincent Hospital at Worcester	2128	5,485	\$84,422,797
2	Saint Vincent Hospital at Worcester		5,244	\$79,869,563
3	Saint Vincent Hospital at Worcester		5,284	\$78,703,691
4	Saint Vincent Hospital at Worcester		5,124	\$78,423,907
	Totals		21,137	\$321,419,958
1	Saints Memorial Medical Center	2063	1,909	\$20,378,657
2	Saints Memorial Medical Center		1,918	\$21,030,896
3	Saints Memorial Medical Center		1,913	\$21,225,100
4	Saints Memorial Medical Center		1,890	\$22,135,680
	Totals		7,630	\$84,770,333
1	South Shore Hospital	2107	6,023	\$61,689,862
2	South Shore Hospital		5,952	\$60,555,985
3	South Shore Hospital		5,915	\$59,088,259
4	South Shore Hospital		5,900	\$58,968,536
	Totals		23,790	\$240,302,642
1	Southcoast Hospitals Group - Charlton	2337	4,224	\$56,449,996
2	Southcoast Hospitals Group - Charlton		4,310	\$58,088,698
3	Southcoast Hospitals Group - Charlton		4,242	\$56,734,621
4	Southcoast Hospitals Group - Charlton		4,224	\$56,554,352
	Totals		17,000	\$227,827,667
1	Southcoast Hospitals Group – St. Luke's	2010	4,746	\$53,315,722
2	Southcoast Hospitals Group – St. Luke's		4,985	\$57,763,055
3	Southcoast Hospitals Group – St. Luke's		4,857	\$54,026,118
4	Southcoast Hospitals Group – St. Luke's		4,717	\$51,762,667
	Totals		19,305	\$216,867,562
1	Southcoast Hospitals Group – Tobey	2106	1,003	\$9,055,603
2	Southcoast Hospitals Group – Tobey		1,105	\$10,065,919
3	Southcoast Hospitals Group – Tobey		1,012	\$9,263,610
4	Southcoast Hospitals Group – Tobey		1,027	\$9,193,747
	Totals		4,147	\$37,578,879

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FY2004 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Sturdy Memorial Hospital	2100	1,637	\$15,897,276
2	Sturdy Memorial Hospital		1,821	\$19,039,531
3	Sturdy Memorial Hospital		1,839	\$17,823,957
4	Sturdy Memorial Hospital		1,844	\$17,356,777
	Totals		7,141	\$70,117,541
1	Tufts-New England Medical Center	2299	4,435	\$137,142,809
2	Tufts-New England Medical Center		4,443	\$138,713,975
3	Tufts-New England Medical Center		4,379	\$133,912,695
4	Tufts-New England Medical Center		4,233	\$120,758,315
	Totals		17,490	\$530,527,794
1	UMass. Memorial Medical Center	2841	10,818	\$222,245,653
2	UMass. Memorial Medical Center		10,793	\$230,576,842
3	UMass. Memorial Medical Center		11,054	\$243,365,790
4	UMass. Memorial Medical Center		11,191	\$259,019,839
	Totals		43,856	\$955,208,124
1	Winchester Hospital	2094	3,442	\$23,023,303
2	Winchester Hospital		3,506	\$24,183,926
3	Winchester Hospital		3,500	\$25,031,101
4	Winchester Hospital		3,410	\$23,668,952
	Totals		13,858	\$95,907,282
1	Wing Memorial Hospital	2181	737	\$5,828,937
2	Wing Memorial Hospital		662	\$5,819,567
3	Wing Memorial Hospital		689	\$5,567,438
4	Wing Memorial Hospital		694	\$5,278,551
	Totals		2,782	\$22,494,493
	TOTALS		840,489	\$14,349,874,718
			Total Discharges	Total Charges

PART F. SUPPLEMENTARY INFORMATION

Supplement I

Type A Errors and Type B Errors

Supplement II

Content of Hospital Verification Report Package

Supplement III

Hospital Addresses, DPH ID, ORG ID & Service Site ID
Numbers

Supplement IV

Mergers, Name Changes, Closures, Conversions & Non-
Acute Care Hospitals

Supplement V

Alphabetical Source of Payment List

Supplement VI

Numerical Source of Payment List

SUPPLEMENT I. LIST OF TYPE ‘A’ AND TYPE ‘B’ ERRORS

TYPE ‘A’ ERRORS:

Record Type
Submitter Name
Receiver ID
DPH Hospital Computer Number
Type of Batch
Period Starting Date
Period Ending Date
Medical Record Number
Patient Sex
Patient Birth Date
Admission Date
Discharge Date
Primary Source of Payment
Patient Status
Billing Number
Primary Payer Type
Claim Certificate Number
Secondary Payer Type
Mother’s Medical Record Number
Primary National Payer Identification Number
Secondary National Payer Identification Number
Revenue Code
Units of Service
Total Charges (by Revenue Code)
Principal Diagnosis Code
Associate Diagnosis Code (I – XIV)
Number of ANDS
Principal Procedure Code
Significant Procedure Code I
Significant Procedure Code II
Significant Procedure Code III-XIV
Physical Record Count
Record Type 2X Count
Record Type 3X Count
Record Type 4X Count
Record Type 5X Count
Record Type 6X Count

SUPPLEMENT I. LIST OF TYPE ‘A’ AND TYPE ‘B’ ERRORS

TYPE ‘A’ ERRORS – Continued:

Total Charges: Special Services
Total Charges: Routine Services
Total Charges: Ancillaries
Total Charges: (ALL CHARGES)
Number of Discharges
Total Charges: Accommodations
Total Charges: Ancillaries
Submitter Employer Identification Number (EIN)
Number of Providers on Tape
Count of Batches
ED Flag
Observation Flag

TYPE ‘B’ ERRORS:

Patient Race
Type of Admission
Source of Admission
Patient Zip Code
Veteran Status
Patient Social Security Number
Birth Weight – grams
Employer Zip Code
Mother’s Social Security Number
Facility Site Number
External Cause of Injury Code
Attending Physician License Number
Operating Physician License Number
Other Caregiver
Attending Physician National Provider Identifier (NPI)
ATT NPI Location Code
Operating Physician National Provider Identifier (NPI)
Operating NPI Location Code
Additional Caregiver National Provider Identifier
Date of Principal Procedure
Date of Significant Procedures (I & II)

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SUPPLEMENT II. CONTENT OF HOSPITAL VERIFICATION PACKAGE

The **Hospital Verification Report*** includes the following frequency distribution tables:

Type of Admission
Source of Admission
Age
Sex
Race
Payer
Length of Stay
Disposition Status
Number of Diagnosis Codes Used per Patient
Number of Procedure Codes Used per Patient
Month of Discharge
*DRGs
Accommodation Charge Information
Ancillary Charge Information
Top 20 Principal E Codes
Top 20 DRGs with Most Total Discharges
MDCs listed in Rank Order Including DRG (468-470)
MDCs listed in Rank Order Excluding DRG (468-470)

Verification Response Forms: Completed by hospitals after data verification and returned to the DHCFP.

*NOTE: Hospital discharges were grouped with All Patient-DRG Groupers, Version 12.0, 14.0, and 18.0. A discharge report showing counts by DRG for both groupers was supplied to hospitals for verification.

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FY2004 Inpatient Hospital Discharge Database

**SUPPLEMENT III. HOSPITAL ADDRESSES, DPH ID, ORG ID
& SERVICE SITE ID NUMBERS**

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Anna Jaques Hospital	25 Highland Avenue Newburyport, MA 01950	1	1	2006	1
Athol Memorial Hospital	2033 Main Street Athol, MA 01331	2	2	2226	2
Baystate Medical Center	3601 Main Street Springfield, MA 01107-1116	4	4	2339	4
Berkshire Medical Center – Berkshire Campus	725 North Street Pittsfield, MA 01201	6309	7	2313	7
Berkshire Medical Center – Hillcrest Campus	165 Tor Court Road Pittsfield, MA 01201	6309	7	2231	9
Beth Israel Deaconess Hospital – Needham	148 Chestnut Street Needham, MA 02192	53	53	2054	53
Beth Israel Deaconess Medical Center	330 Brookline Avenue Boston, MA 02215	8702	10	2069	10
Boston Medical Center – Harrison Avenue Campus	88 East Newton Street Boston, MA 02118	3107	16	2307	16
Boston Medical Center – East Newton Campus		3107	16	2084	144
Brigham and Women's Hospital	75 Francis Street Boston, MA 02115	22	22	2921	22
Brockton Hospital	680 Centre Street Brockton, MA 02402	25	25	2118	25
Cambridge Health Alliance – Cambridge Campus	65 Beacon Street Somerville, MA 02143	3108	27	2108	27
Cambridge Health Alliance – Somerville Campus		3108	27	2001	143
Cambridge Health Alliance – Whidden Memorial Campus		3108	27	2046	142
Cape Cod Hospital	27 Park Street Hyannis, MA 02601	39	39	2135	

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Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Caritas Carney Hospital	2100 Dorchester Avenue Dorchester, MA 02124	42	42	2003	
Caritas Good Samaritan Medical Center	235 North Pearl Street Brockton, MA 02301	8701	62	2101	
Caritas Good Samaritan Med. Ctr. – Norcap Lodge Campus	71 Walnut Avenue Foxboro, MA 02035	8701	4460	2KGH	
Caritas Holy Family Hospital and Medical Center	70 East Street Methuen, MA 01844	75	75	2225	
Caritas Norwood Hospital	800 Washington Street Norwood, MA 02062	41	41	2114	
Caritas St. Elizabeth's Hospital	736 Cambridge Street Brighton, MA 02135	126	126	2085	
Children's Hospital Boston	300 Longwood Avenue Boston, MA 02115	46	46	2139	
Clinton Hospital	201 Highland Street Clinton, MA 01510	132	132	2126	
Cooley Dickinson Hospital	30 Locust Street Northampton, MA 01060-5001	50	50	2155	
Dana-Farber Cancer Institute	44 Binney Street Boston, MA 02115	51	51	2335	
Emerson Hospital	Route 2 Concord, MA 01742	57	57	2018	
Fairview Hospital	29 Lewis Avenue Great Barrington, MA 01230	8	8	2052	
Falmouth Hospital	100 Ter Heun Drive Falmouth, MA 02540	40	40	2289	
Faulkner Hospital	1153 Centre Street Jamaica Plain, MA 02130	59	59	2048	

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FY2004 Inpatient Hospital Discharge Database

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Franklin Medical Center	164 High Street Greenfield, MA 01301	5	5	2120	
Hallmark Health System – Lawrence Memorial Campus	170 Governors Avenue Medford, MA 02155	3111	66	2038	
Hallmark Health System – Melrose-Wakefield Campus	585 Lebanon Street Melrose, MA 02176	3111	141	2058	
Harrington Memorial Hospital	100 South Street Southbridge, MA 01550	68	68	2143	
Health Alliance Hospitals, Inc.	60 Hospital Road Leominster, MA 01453-8004	71	71	2034	
Health Alliance Hospital – Burbank Campus		71	71	2034	8548*
Health Alliance Hospital – Leominster Campus		71	71	2127	8509*
Heywood Hospital	242 Green Street Gardner, MA 01440	73	73	2036	
Holyoke Medical Center	575 Beech Street Holyoke, MA 01040	77	77	2145	
Hubbard Regional Hospital	340 Thompson Road Webster, MA 01570	78	78	2157	
Jordan Hospital	275 Sandwich Street Plymouth, MA 02360	79	79	2082	
Kindred Hospital - Boston	1515 Comm. Ave. Boston, MA 02135	136	136	2091	
Kindred Hospital Boston – North Shore	15 King Street Peabody, MA 01960	135	135	2171	
Lahey Clinic – Burlington Campus	41 Mall Road Burlington, MA 01805	6546	81	2033	81
Lahey Clinic North Shore		6546	81	2033	4448

*Use of Site ID will begin in FY05.

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FY2004 Inpatient Hospital Discharge Database

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Lawrence General Hospital	One General Street Lawrence, MA 01842-0389	83	83	2099	
Lowell General Hospital	295 Varnum Avenue Lowell, MA 01854	85	85	2040	
Marlborough Hospital	57 Union Street Marlborough, MA 01752-9981	133	133	2103	
Martha's Vineyard Hospital	Linton Lane Oak Bluffs, MA 02557	88	88	2042	
Mary Lane Hospital	85 South Street Ware, MA 01082	6	6	2148	
Massachusetts Eye & Ear Infirmary	243 Charles Street Boston, MA 02114-3096	89	89	2167	
Massachusetts General Hospital	55 Fruit Street Boston, MA 02114	91	91	2168	
Mercy Medical Center - Providence Behavioral Health Hospital	1233 Main Street Holyoke, MA 01040	6547	118	2150	118
Mercy Medical Center--Springfield Campus	271 Carew Street Springfield, MA 01102	6547	119	2149	119
Merrimack Valley Hospital	140 Lincoln Avenue Haverhill, MA 01830-6798	70	70	2131	
MetroWest Medical Center – Framingham Campus	115 Lincoln Street Framingham, MA 01701	3110	49	2020	49
MetroWest Medical Center – Leonard Morse Campus	67 Union Street Natick, MA 01760	3110	457	2039	457
Milford Regional Medical Center	14 Prospect Street Milford, MA 01757	97	97	2105	
Milton Hospital	92 Highland Street Milton, MA 02186	98	98	2227	
Morton Hospital and Medical Center	88 Washington Street Taunton, MA 02780	99	99	2022	
Mount Auburn Hospital	330 Mt. Auburn Street Cambridge, MA 02238	100	100	2071	

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Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Nantucket Cottage Hospital	57 Prospect Street Nantucket, MA 02554	101	101	2044	
Nashoba Valley Medical Center	200 Groton Road Ayer, MA 01432	52	52	2298	
New England Baptist Hospital	125 Parker Hill Avenue Boston, MA 02120	103	103	2059	
Newton-Wellesley Hospital	2014 Washington Street Newton, MA 02162	105	105	2075	
Noble Hospital	115 West Silver Street Westfield, MA 01086	106	106	2076	
North Adams Regional Hospital	Hospital Avenue North Adams, MA 01247	107	107	2061	
North Shore Medical Center – Salem Campus	81 Highland Avenue Salem, MA 01970	345	116	2014	116
North Shore Medical Center – Union Campus	500 Lynnfield Street Lynn, MA 01904-1424	345	116 Formerly #3	2073	3
Northeast Health System–Addison Gilbert Campus	298 Washington Street Gloucester, MA 01930	3112	109	2016	
Northeast Health System – Beverly Campus	85 Herrick Street Beverly, MA 01915	3112	110	2007	
Quincy Medical Center	114 Whitwell Street Quincy, MA 02169	112	112	2151	
Saint Anne’s Hospital	795 Middle Street Fall River, MA 02721	114	114	2011	
Saint Vincent Hospital at Worcester Medical Center	20 Worcester Ctr. Blvd. Worcester, MA 01608	127	127	2128	
Saints Memorial Medical Center	One Hospital Drive Lowell, MA 01852	115	115	2063	
South Shore Hospital	55 Fogg Road South Weymouth, MA 02190	122	122	2107	

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Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Southcoast Hospitals Group – Charlton Memorial Campus	363 Highland Avenue Fall River, MA 02720	3113	123	2337	
Southcoast Hospitals Group - St. Luke's Campus	101 Page Street New Bedford, MA 02740	3113	124	2010	
Southcoast Hospitals Group – Tobey Hospital Campus	43 High Street Wareham, MA 02571	3113	145	2106	
Sturdy Memorial Hospital	211 Park Street Attleboro, MA 02703	129	129	2100	
Tufts-New England Medical Center	750 Washington Street Boston, MA 02111	104	104	2299	
U.Mass. Memorial Medical Center – Memorial Campus	120 Front Street Worcester, MA 01608	3115	131	2841 Formerly #2124	130
UMass. Memorial Medical Center – University Campus		3115	131	2841	131
Winchester Hospital	41 Highland Avenue Winchester, MA 01890	138	138	2094	
Wing Memorial Hospital and Medical Centers	40 Wright Street Palmer, MA 01069-1187	139	139	2181	

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

MERGERS – ALPHABETICAL LIST

Name of New Entity	Names of Original Entities	DATE
Berkshire Health System	-Berkshire Medical Center -Hillcrest Hospital -Fairview Hospital	July 1996
Beth Israel Deaconess Medical Center	-Beth Israel Hospital -N.E. Deaconess Hospital	October 1996
Boston Medical Center	-Boston University Med. Ctr. -Boston City Hospital -Boston Specialty/Rehab	July 1996
Cambridge Health Alliance NOTE: As of July 2001, Cambridge Health Alliance included Cambridge, Somerville, Whidden, & Malden's 42 Psych beds. Malden now closed. Cambridge & Somerville submitted data separately in the past. This year they are submitting under one name. In future years, they may use the Facility Site Number to identify each individual facility's discharges.	-Cambridge Hospital -Somerville Hospital	July 1996
Good Samaritan Medical Center	-Cardinal Cushing Hospital -Goddard Memorial	October 1993
Hallmark Health Systems NOTE: As of July 2001 includes only Lawrence Memorial & Melrose-Wakefield	-Lawrence Memorial -Hospital Malden Hospital -Unicare Health Systems (Note: Unicare was formed in July 1996 as a result of the merger of Melrose-Wakefield and Whidden Memorial Hospital)	October 1997
Health Alliance Hospitals, Inc.	-Burbank Hospital -Leominster Hospital	November 1994
Lahey Clinic	-Lahey -Hitchcock (NH)	January 1995
Medical Center of Central Massachusetts	-Holden District Hospital -Worcester Hahnemann -Worcester Memorial	October 1989
MetroWest Medical Center	-Leonard Morse Hospital -Framingham Union	January 1992

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

MERGERS – ALPHABETICAL LIST

Name of New Entity	Names of Original Entities	Date
Northeast Health Systems	-Beverly Hospital -Addison Gilbert Hospital	October 1996
North Shore Medical Center	-North Shore Medical Center (dba Salem Hospital) and -Union Hospital <u>NOTES:</u> 1. Salem Hospital merged with North Shore Children's Hospital in April 1988 2. Lynn Hospital merged with Union Hospital in 1986 to form Atlanticare	March 2004
Saints Memorial Medical Center	-St. John's Hospital -St. Joseph's Hospital	October 1992
Sisters of Providence Health System	-Mercy Medical Center -Providence Hospital	June 1997
Southcoast Health Systems	-Charlton Memorial Hospital -St. Luke's Hospital -Tobey Hospital	June 1996
UMass. Memorial Medical Center	-UMMC -Memorial -Memorial-Hahnemann	April 1999

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

MERGERS – CHRONOLOGICAL LIST

Date	Entity Names
1986	Atlanticare (Lynn & Union)
April 1988	Salem (North Shore Children's and Salem)
October 1989	Medical Center Central Mass (Holden, Worcester, Hahnemann and Worcester Memorial)
January 1992	MetroWest (Framingham Union and Leonard Morse)
October 1992	Saints Memorial (St. John's and St. Joseph's)
October 1993	Good Samaritan (Cardinal Cushing and Goddard Memorial)
November 1994	Health Alliance (Leominster and Burbank)
January 1995	Lahey Hitchcock (Lahey & Hitchcock (NH))
June 1996	Southcoast Health System (Charlton, St. Luke's and Tobey)
July 1996	Berkshire Medical Center (Berkshire Medical Center and Hillcrest)
July 1996	Cambridge Health Alliance (Cambridge and Somerville)
July 1996	Boston Medical Center (University and Boston City)
July 1996	UniCare Health Systems (Melrose-Wakefield and Whidden)
October 1996	Northeast Health Systems (Beverly and Addison-Gilbert)
October 1996	Beth Israel Deaconess Medical Center (Deaconess and Beth Israel)
June 1997	Mercy (Mercy and Providence)
October 1997	Hallmark Health System, Inc. (Lawrence Memorial, Malden, UniCare [formerly Melrose-Wakefield and Whidden])
April 1998	UMass. Memorial Medical Center (UMMC, Memorial and Memorial-Hahnemann)
July 2001	Cambridge Health Alliance (Cambridge, Somerville, Whidden and Malden's 42 Psych beds)
July 2001	Hallmark Health now only Melrose Wakefield and Lawrence Memorial
June 2002	CareGroup sold Deaconess-Waltham to a private developer who leased the facility back to Waltham Hosp. (new name)
July 2002	Deaconess-Glover now under a new parent: Beth Israel Deaconess (was under CareGroup parent)
March 2004	North Shore Medical Center (dba Salem) and Union merge (still North Shore Medical Center)

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

NAME CHANGES – ALPHABETICAL LIST

Name of New Entity	Original Entities	Date
Beth Israel Deaconess Medical Center	-Beth Israel Hospital -New England Deaconess Hospital	
Beth Israel Deaconess Needham	-Glover Memorial -Deaconess-Glover Hospital	July 2002
Boston Medical Center – Harrison Avenue Campus	Boston City Hospital University Hospital	
Boston Regional Medical Center	New England Memorial Hospital	Now Closed.
Cambridge Health Alliance – (now includes Cambridge, Somerville & Whidden)	Cambridge Hospital Somerville Hospital	
Cambridge Health Alliance – Malden & Whidden	Hallmark Health Systems – Malden & Whidden	Malden now closed.
Cape Cod Health Care Systems	Cape Cod Hospital Falmouth Hospital	
Caritas Good Samaritan Medical Center	Cardinal Cushing Hospital Goddard Memorial Hospital	
Caritas Norwood, Caritas Southwood, Caritas Good Samaritan Medical Center	Norwood Hospital Southwood Hospital Good Samaritan Med. Ctr.	
Caritas St. Elizabeth's Medical Center	St. Elizabeth's Medical Center	
Children's Hospital Boston	Children's Hospital	February 2004
Hallmark Health Lawrence Memorial Hospital & Hallmark Health Melrose-Wakefield Hospital	Lawrence Memorial Hospital Melrose-Wakefield Hospital	
Holy Family Hospital	Bon Secours Hospital	
Kindred Hospitals – Boston & North Shore	Vencor Hospitals – Boston & North Shore	
Lahey Clinic Hospital	Lahey Hitchcock Clinic	
MetroWest Medical Center – Framingham Union Hospital & Leonard Morse Hospital	Framingham Union Hospital Leonard Morse Hospital / Columbia MetroWest Medical Center	
Merrimack Valley Hospital	Haverhill Municipal (Hale) Hospital	Essent Health Care purchased this facility in September 2001

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,
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NAME CHANGES

Name of New Entity	Original Entities	Date
Milford Regional Medical Center	Milford-Whitinsville Hospital	
Nashoba Valley Hospital	Nashoba Community Hospital Deaconess-Nashoba Nashoba Valley Medical Center	January 2003
Northeast Health Systems	Beverly Hospital Addison Gilbert Hospital	
North Shore Medical Center - Salem	Salem Hospital North Shore Children's Hospital	
North Shore Medical Center - Union	Union Hospital	
Quincy Hospital	Quincy City Hospital	
Southcoast Health Systems	Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	
UMass. Memorial – Clinton Hospital	Clinton Hospital	
UMass. Memorial – Health Alliance Hospital	Health Alliance Hospitals, Inc.	
UMass. Memorial – Marlborough Hospital	Marlborough Hospital	
UMass. Memorial – Wing Memorial Hospital	Wing Memorial Hospital	
Waltham Hospital	Waltham-Weston Hospital Deaconess Waltham Hospital	June 2002. Now closed.

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,
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CLOSURES

Date	Hospital Name	Comments
June 1989	Sancta Maria	
September 1990	Mass. Osteopathic	
June 1990	Hunt	Outpatient only now.
July 1990	St. Luke's Middleborough	
September 1991	Worcester City	
May 1993	Amesbury	
July 1993	Saint Margaret's	
June 1994	Heritage	
June 1994	Winthrop	
October 1994	St. Joseph's	
December 1994	Ludlow	
October 1996	Providence	
November 1996	Goddard	
1996	Lynn	
January 1997	Dana Farber	Inpatient acute beds now at Brigham & Women's
March 1997	Burbank	
February 1999	Boston Regional	
April 1999	Malden	
August 1999	Symmes	
July 2003	Waltham	

NOTE: Subsequent to closure, some hospitals may have reopened for used other than an acute hospital (e.g., health care center, rehabilitation hospital, etc.)

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

CONVERSIONS & NON-ACUTE CARE HOSPITALS

HOSPITAL	COMMENTS
Fairlawn Hospital	Converted to non-acute care hospital
Heritage Hospital	Converted to non-acute care hospital
Vencor – Kindred Hospital Boston	Non-acute care hospital
Vencor – Kindred Hospital North Shore	Non-acute care hospital

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SUPPLEMENT V.
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
272	Auto Insurance	T	AI
138	Banker's Life and Casualty Insurance **	7	COM
139	Banker's Multiple Line **	7	COM
2	Bay State – a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue CHiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (incl. Healthflex Blue) - POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
151	CHAMPUS	5	GOV
204	Christian Brothers Employee	7	COM
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM-MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America**	7	COM
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass.)	8	HMO

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
14	Health new England Advantage POS	J	POS
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc.	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (Self-funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
271	Hillcrest HMO	8	HMO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
124	Invalid (replaced by #222)		
126	Invalid (replaced by #230)		
122	Invalid (replaced by #234)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid (includes MassHealth)	4	MCD
107	Medicaid Managed Care – Community Health Plan	B	MCD-MC
108	Medicaid Managed Care – Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care – Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care – Health New England	B	MCD-MC
111	Medicaid Managed Care – HMO Blue	B	MCD-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
112	Medicaid Managed Care – Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
115	Medicaid Managed Care – Pilgrim Health Care	B	MCD-MC
114	Medicaid Managed Care – United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass. Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care – Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO – Blue Care 65	F	MCR-MC
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
43	MEDTAC	8	HMO
96	Metrahealth (United Care of NE)	7	COM
158	Metrahealth – HMO (United Care of NE)	D	COM-MC
172	Metrahealth – POS (United Care of NE)	D	COM-MC
157	Metrahealth – PPO (United Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
91	New England Benefits	7	COM
63	Mutual of Omaha Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for secondary source of payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial Insurance (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere)	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of State BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage - PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO
95	Pilgrim Select - PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
203	Principal Financial Group (Principal Mutual Life)	7	COM
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185-198	Reserved		
205-209	Reserved		
213-219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	Unicare	7	COM
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
270	Unicare Preferred Plus PPO	D	COM-MC
70	Union Labor Life Insurance	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company	7	COM
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company – PPO (new for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice-PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

** Supplemental Payer Source

***Please list under the specific carrier when possible

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SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance Company	7	COM
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC

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NUMERICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
1	Harvard Community Health Plan	8	HMO
2	Bay State – a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage - PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England Inc.	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 & 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 & 158)		

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (new for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health new England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue ChiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice - PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by #84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select - PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	Unicare	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care-Community Health Plan	B	MCD-MC
108	Medicaid Managed Care-Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care-Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care-Health New England	B	MCD-MC
111	Medicaid Managed Care-HMO Blue	B	MCD-MC
112	Medicaid Managed Care-Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care-Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care-Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-Of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC

General Documentation
FY2004 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan		MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere)	F	MCR-MC
135	Out-Of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
156	Out of State BCBS	6	BCBS
157	Metrahealth – PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth – HMO (United Health Care of NE)	D	COM-MC
159	None (valid only for secondary source of payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC

General Documentation
FY2004 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth – POS (United Health Care NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185-198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM
204	Christian Brothers Employee	7	COM
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
205-209	Reserved		
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213-219	Reserved		
220	Medicare HMO – Blue Care 65	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC

General Documentation
FY2004 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
2236-229	Reserved		
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM-MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM-MC
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	AI
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC

** Supplemental Payer Source

*** Please list under the specific carrier when possible

General Documentation
FY2004 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker's Life & Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance Co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO – Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC

SECTION II. TECHNICAL DOCUMENTATION

PART A. CALCULATED FIELD DOCUMENTATION

1. Age Calculation
2. Newborn Age
3. Preoperative Days
4. Length of Stay (LOS) Calculation
5. Length of Stay (LOS) Routine
6. Unique Health Information Number
7. Days Between Stays

SECTION II. TECHNICAL DOCUMENTATION

For your information, we have included a page of physical specifications for the data file at the beginning of this manual. Please refer to CD Specifications on page 2 for further details.

Technical Documentation included in this section of the manual is as follows:

Part A. Calculated Field Documentation

Part B. Data File Summary

Part C. Revenue Code Mappings

Record layout gives a description of each field along with the starting and ending positions. A copy of this layout accompanies this manual for the users' review.

Calculated fields are age, newborn age in weeks, preoperative days, length of stay, Unique Health Information Number (UHIN), and days between stays. Each description has three parts:

First is a description of any **Conventions**. For example, how are missing values used?

Second is a **Brief Description** of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a **Detailed Description** of how the calculation is performed. This description follows the code very closely.

PART A. CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATION

A) Conventions:

- 1) Age is calculated if the date of birth and admission date are valid. If either one is invalid, then '999' is placed in this field.
- 2) Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

B) Brief Description:

Age is calculated by subtracting the date of birth from the admission date.

C) Detailed Description:

- 1) If the patient has already had a birthday for the year, his or her age is calculated by subtracting the year of birth from the year of admission. If not, then the patient's age is the year of admission minus the year of birth, minus one.
- 2) If the age is 99 (the admission date is a year before the admission date or less) and the MDC is 15 (the patient is a newborn), then the age is assumed to be zero.

PART A. CALCULATED FIELD DOCUMENTATION

2. NEWBORN AGE

A) Conventions:

- 1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
- 2) Discharges that are not newborns have '99' in this field.

B) Brief Description:

Discharges less than one year old have their age calculated by subtracting the date of birth from the admission date. This gives the patient's age in days. This number is divided by seven, the remainder is dropped.

C) Detailed Description:

- 1) If a patient is 1 year old or older, the age in weeks is set to '99'.
- 2) If a patient is less than 1 year old then:
 - a) Patients age is calculated in days using the Length of Stay (LOS) routine, described herein.
 - b) Number of days in step 'a' above is divided by seven, and the remainder is dropped.

PART A. CALCULATED FIELD DOCUMENTATION

3. PREOPERATIVE DAYS

A) Conventions:

- 1) A procedure performed on the day of admission will have preoperative days set to zero. One performed on the day after admission will have preoperative days set to 1, etc. A procedure performed on the day before admission will have preoperative days set to negative one (-1).
- 2) Preoperative days are set to 0000 when preoperative days are not applicable.
- 3) For procedures performed before the day of admission, a negative sign (-) will appear in the first position of the preoperative day field.

B) Brief Description:

Preoperative days are calculated by subtracting the patient's admission date from the surgery date.

C) Detailed Description:

- 1) If there is no procedure date, or if the procedure date or admission date is invalid, or if the procedure date occurs after the discharge date, then preoperative days is set to 0000.
- 2) Otherwise preoperative days are calculated using the Length of Stay (LOS) Routine, as described herein.

PART A. CALCULATED FIELD DOCUMENTATION

4. LENGTH OF STAY (LOS) CALCULATION

A) Conventions:

Same day discharges have a length of stay of 1 day.

B) Brief Description:

Length of Stay (LOS) is calculated by subtracting the admission date from the discharge date (and then subtracting Leave of Absence Days (LOA) days). If the result is zero (for same day discharges), then the value is changed to 1.

C) Detailed Description:

- 1) The length of stay is calculated using the LOS routine.
- 2) If the value is zero, then it is changed to a 1.

PART A. CALCULATED FIELD DOCUMENTATION

5. LENGTH OF STAY (LOS) ROUTINE

A) Conventions:

None.

B) Brief Description:

1) Length of Stay (LOS) is calculated by subtracting the admission date from the Discharge Date and then subtracting the Leave of Absence from the total. If either date is invalid, length of stay = 0.

2) Days are accumulated a year at a time, until both dates are in the same year. At this point, the algorithm may have counted beyond the ending date or may still fall short of it. The difference is added (or subtracted) to give the correct LOS.

PART A. CALCULATED FIELD DOCUMENTATION

**6. UNIQUE HEALTH INFORMATION NUMBER (UHIN) VISIT
SEQUENCE NUMBER**

A) Conventions:

If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

B) Brief Description:

The Sequence Number is calculated by sorting the file by UHIN, admission date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of admissions.

C) Detailed Description:

- 1) UHIN Sequence Number is calculated by sorting the entire database by UHIN, admission date, then discharge date (both dates are sorted in ascending order).
- 2) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
- 3) If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first admission for the UHIN, and nnnn indicates the last admission for the UHIN.
- 4) If a UHIN has 2 admissions on the same day, the discharge date is used as the secondary sort key.

PART A. CALCULATED FIELD DOCUMENTATION

7. DAYS BETWEEN STAYS

A) Conventions:

- 1) If the UHIN is undefined (not reported unknown or invalid), the days between stays is set to zero.
- 2) If the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error.

B) Brief Description:

The Days Between Stays is calculated by sorting the file by UHIN, admission date, and discharge date. For UHINs with two or more admissions, the calculation subtracts the previous discharge date from the current admission date to find the Days Between Stays.

C) Detailed Description:

- 1) The Days Between Stays data element is calculated by sorting the entire database by UHIN, and sequence number.
- 2) If the UHIN is undefined (not reported, unknown or invalid), the Days Between Stays is set to zero.
- 3) If the UHIN is valid and this is the first occurrence of the UHIN, the discharge date is saved (in the event there is another occurrence of the UHIN). In this case, the Days Between Stays is set to zero.

PART A. CALCULATED FIELD DOCUMENTATION

7. DAYS BETWEEN STAYS (*continued*)

4) If a second occurrence of the UHIN is found, Days Between Stays is calculated by finding the number of days between the previous discharge date and the current admission date, with the following caveats:

A) If the previous discharge date is greater than the current admission date; OR

B) The previous discharge date or current admission date is invalid, (i.e., 03/63/95), Days Between Stays is set to '9999' to indicate an error.

5) Step 4 is repeated for all subsequent re-admissions until the UHIN changes.

6) The method used to calculate Length of Stay is also used to calculate Days Between Stays.

7) If the Discharge Date on the first admission date is the same as the admission date on the first re-admission, Days Between Stays is set to zero. This situation occurs for transfer patients, as well as for women admitted into the hospital with false labor.

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

1. Discharge File Table FY2004
2. Revenue File Table FY2004
3. Data Code Tables FY2004

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

The following is a list of the contents of the FIPA Layout. The data is separated into a Discharge File and a Revenue File. Passed and Failed data are included together in each file. The failed discharges are flagged for easy identification. See Data Elements: Flag to indicate if Discharge passed edits, SubmissionPassedFlag.

Linkage between the Discharge File and the Revenue File can be accomplished using two data elements: ProviderControlID and DischargeID. ProviderControlID identifies a unique collection of discharges from a provider – i.e., a specific data submission for a specific hospital and quarter. DischargeID is a sequential number that identifies a specific discharge record within a specific provider submission. The combination of ProviderControlID and DischargeID identifies a unique discharge record.

It is important to note that the data set may vary depending on what level data you have received. Please also note that the FIPA file has been cleaned. Bad character data have been replaced with underscores. Bad numeric data and bad dates have been replaced with nulls.

The following files are included in the electronic files along with the Hospital Discharge Data:

- Top Errors Report
- Record Layout
- Total Charges & Discharges by Hospital

1. FY2004 Discharge File Table – 1 Record per Discharge

Please note changes from prior year.

#	Data Element	Column
1	RecordType20ID*	RecordType20ID*
2	SubmissionControlID**	SubmissionControlID**
3	Hospital Organization ID	HospitalOrgID***
4	Filing Organization ID	FilingOrgID
5	Site Number	SiteOrgID
6	Sex of Patient	Sex
7	Race of Patient	Race
8	Patient's Employer's Zip Code	EmployerZipCode
9	Patient's Resident Zip Code	ZipCode
10	Calculated Age	Age
11	Newborn Birth Weight (in grams)	Birthweight
12	Veterans Status	VeteransStatus
13	DNR Status	DNRStatus
14	Nature of the Patient Admission	AdmissionType

*formerly dischargeid

**formerly providercontolid

***On previous issue of FY04 HDD database, this element was titled MainOrgID. It has been renamed for this release and all releases going forward.

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

1. FY2004 Discharge File Table – 1 Record per Discharge - Continued

#	Data Element	Column
15	Primary Source of Patient Admission	AdmissionSourceCode1
16	Secondary Source of Patient Admission	AdmissionSourceCode2
17	Outcome of Patients Hospitalization	PatientStatus
18	Anticipated SOURCE of Hospital Expense Reimbursement	PayerCode1
19	Anticipated TYPE of Hospital Expense Reimbursement	PrimaryPayerType
20	Secondary SOURCE of Hospital Expense Reimbursement	PayerCode2
21	Secondary TYPE of Hospital Reimbursement	SecondaryPayerType
22	Day of week patient was Admitted	AdmissionDayOfWeek
23	Day of week patient was Discharged	DischargeDayOfWeek
24	Calculated Length of Stay	LengthOfStay
25	Administratively Necessary Days	NumberOfANDs
26	Leave of Absence Days	LeaveOfAbsenceDays
27	NbrOfDiagnosisCodes	NumberOfDiagnosisCodes
28	NbrOfProcedureCodes	NumberOfProcedureCodes
29	Patient's Medical Record Number	MedicalRecordNumber
30	Billing Number	HospBillNo
31	Unique Patient Identifier	UHIN
32	Patient's Birthdate	DOB
33	Mothers Unique Patient Identifier	MotherSSN
34	Mothers Medical Record Number	MotherMedicalRecordNumber
35	Days Between Stays	DaysBetweenStays
36	Re-Admission Sequence	UHIN_SequenceNo
37	Date of Hospital Admission	AdmissionDate
38	Month of Hospital Admission	AdmissionMonth
39	Date of Hospital Discharge	DischargeDate
40	Month of Hospital Discharge	DischargeMonth
41	Period (Quarter) Starting Date	PeriodStartingDate
42	Period (Quarter) Ending Date	PeriodEndingDate
43	Attending Physician ID	AttendingPhysID
44	Attending Physician NPI	AttendingPhysNPI
45	Attending Physician NPI Location Code	AttendingPhysNPILocationCode
46	Operating Physician ID	OperatingPhysID
47	Operating Physician NPI	OperatingPhysNPI
48	Operating Physician NPI Location Code	OperatingPhysNPILocationCode
49	Other Care Giver Code	OtherCareGiverCode
50	Other Care Giver NPI	OtherCareGiverNPI
51	Other Care Giver NPI Location Code	OtherCareGiverNPILocCode

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

1. FY2004 Discharge File Table – 1 Record per Discharge - Continued

#	Data Element	Column
52	Total Charges for Routine Accom. Revenue Centers	TotalChargesRoutine
53	Total Charges for Special Accom. Revenue Centers	TotalChargeSpecial
54	Total Charges for all Revenue Centers	TotalChargesAll
55	Total Charges for Ancillary Revenue Centers	TotalChargesAncillaries
56	Flag to indicate if discharge passed edits	DischargePassed
57	SubmissionPassedFlag	SubmissionPassedFlag
58	ED Flag	EDFlagCode
59	Outpatient Observation Stay Flag	OutpatntObsrvStayFlagCode
60	Special Condition Indicator	SpecialConditionIndicator
61	Principal ICD-9 Diagnosis Code	DiagnosisCode1
62	Associated ICD-9 Diag Code I	DiagnosisCode2
63	Associated ICD-9 Diag Code II	DiagnosisCode3
64	Associated ICD-9 Diag Code III	DiagnosisCode4
65	Associated ICD-9 Diag Code IV	DiagnosisCode5
66	Associated ICD-9 Diag Code V	DiagnosisCode6
67	Associated ICD-9 Diag Code VI	DiagnosisCode7
68	Associated ICD-9 Diag Code VII	DiagnosisCode8
69	Associated ICD-9 Diag Code VIII	DiagnosisCode9
70	Associated ICD-9 Diag Code IX	DiagnosisCode10
71	Associated ICD-9 Diag Code X	DiagnosisCode11
72	Associated ICD-9 Diag Code XI	DiagnosisCode12
73	Associated ICD-9 Diag Code XII	DiagnosisCode13
74	Associated ICD-9 Diag Code XIII	DiagnosisCode14
75	Associated ICD-9 Diag Code XIV	DiagnosisCode15
76	Principal ICD-9 Procedure Code	ProcedureCode1
77	Principal Procedure Date	ProcedureDate1
78	Significant ICD-9 Procedure Code I	ProcedureCode2
79	Procedure I Date	ProcedureDate2
80	Significant ICD-9 Procedure II Code	ProcedureCode3
81	Procedure II Date	ProcedureDate3
82	Significant ICD-9 Procedure III Code	ProcedureCode4
83	Significant ICD-9 Procedure IV Code	ProcedureCode5
84	Significant ICD-9 Procedure V Code	ProcedureCode6
85	Significant ICD-9 Procedure VI Code	ProcedureCode7
86	Significant ICD-9 Procedure VII Code	ProcedureCode8
87	Significant ICD-9 Procedure VIII Code	ProcedureCode9
88	Significant ICD-9 Procedure IX Code	ProcedureCode10
89	Significant ICD-9 Procedure X Code	ProcedureCode11
90	Significant ICD-9 Procedure XI Code	ProcedureCode12
91	Significant ICD-9 Procedure XII Code	ProcedureCode13

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

1. FY2004 Discharge File Table – 1 Record per Discharge - Continued

#	Data Element	Column
92	Significant ICD-9 Procedure XIII Code	ProcedureCode14
93	Significant ICD-9 Procedure XIV Code	ProcedureCode15
94	Number of days in hospital when FIRST procedure performed	PreoperativeDays1
95	Number of days in hospital when SECOND procedure performed	PreoperativeDays2
96	Number of days in hospital when THIRD procedure performed	PreoperativeDays3
97	V18 Major Diagnosis Group (MDC)	V18_MDC
98	V 18 Diagnosis Related Group (DRG)	V18_DRG
99	V18 DRG Return Code	V18_ReturnCode
100	V 18 First O.R. Procedure Code used by Grouper	V18_ORProcedureCode1
101	V 18 Second O.R. Procedure Code used by Grouper	V18_ORProcedureCode2
102	V 18 Third O.R. Procedure Code used by Grouper	V18_ORProcedureCode3
103	V 18 First Non-O.R. Procedure Code used by Grouper	V18_NonORProcedureCode1
104	V 18 Second Non-O.R. Procedure Code used by Grouper	V18_NonORProcedureCode2
105	V 18 First Diagnosis Code, other than principal code, that was used by Grouper	V18_DiagnosisCode1
106	V 18 Second Diagnosis Code, other than principal code, that was used by Grouper	V18_DiagnosisCode2
107	V 18 Third Diagnosis Code, other than principal code, that was used by Grouper	V18_DiagnosisCode3
108	V 18 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	V18_DiagnosisCodeComplication
109	V 18 Major Complication/Comorbidity Indicator	V18_Complication
110	V 18 Trauma Registry Indicator	V18_TraumaRegistryIndicator
111	V 18 Congenital Malformation Registry Indicator	V18_CongenitalMalformationRegistryIndicator
112	V AP 12 Major Diagnosis Group (MDC)	V12_MDC
113	V AP 12 Diagnosis Related Group (DRG)	V12_DRG
114	V AP 12 DRG Return Code	V12_ReturnCode
115	V AP 12 First O.R. Procedure Code used by Grouper	V12_ORProcedureCode1
116	V AP 12 Second O.R. Procedure Code used by Grouper	V12_ORProcedureCode2
117	V AP 12 Third O.R. Procedure Code used by Grouper	V12_ORProcedureCode3
118	V AP 12 First Non-O.R. Procedure Code used by Grouper	V12_NonORProcedureCode1
119	V AP 12 Second Non-O.R. Procedure Code used by Grouper	V12_NonORProcedureCode2

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

1. FY2004 Discharge File Table – 1 Record per Discharge - Continued

#	Data Element	Column
120	V AP 12 First Diagnosis Code, other than principal code, that was used by Grouper	V12_DiagnosisCode1
121	V AP 12 Second Diagnosis Code, other than principal code, that was used by Grouper	V12_DiagnosisCode2
122	V AP 12 Third Diagnosis Code, other than principal code, that was used by Grouper	V12_DiagnosisCode3
123	V AP 12 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	V12_DiagnosisCodeComplication
124	V AP 12 Major Complication/Comorbidity Indicator	V12_Complication
125	V AP 12 Trauma Registry Indicator	V12_TraumaRegistryIndicator
126	V AP 14.1 Major Diagnosis Group (MDC)	V141_MDC
127	V AP 14.1 Diagnosis Related Group (DRG)	V141_DRG
128	V AP 14.1 DRG Return Code	V141_ReturnCode
129	V AP 14.1 First O.R. Procedure Code used by Grouper	V141_ORProcedureCode1
130	V AP 14.1 Second O.R. Procedure Code used by Grouper	V141_ORProcedureCode2
131	V AP 14.1 Third O.R. Procedure Code used by Grouper	V141_ORProcedureCode3
132	V AP 14.1 First Non-O.R. Procedure Code used by Grouper	V141_NonORProcedureCode1
133	V AP 14.1 Second Non-O.R. Procedure Code used by Grouper	V141_NonORProcedureCode2
134	V AP 14.1 First Diagnosis Code, other than principal code, that was used by Grouper	V141_DiagnosisCode1
135	V AP 14.1 Second Diagnosis Code, other than principal code, that was used by Grouper	V141_DiagnosisCode2
136	V AP 14.1 Third Diagnosis Code, other than principal code, that was used by Grouper	V141_DiagnosisCode3
137	V AP 14.1 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	V141_DiagnosisCodeComplication
138	V AP 14.1 Major Complication/Comorbidity Indicator	V141_Complication
139	V AP 14.1 Trauma Registry Indicator	V141_TraumaRegistryIndicator
140	V APR 15 Major Diagnosis Group (MDC)	V15_MDC
141	V APR 15 Diagnosis Related Group (DRG)	V15_DRG
142	V APR 15 DRG Return Code	V15_ReturnCode
143	V APR 15 First O.R. Procedure Code used by Grouper	V15_ORProcedureCode1
144	V APR 15 Second O.R. Procedure Code used by Grouper	V15_ORProcedureCode2
145	V APR 15 Third O.R. Procedure Code used by Grouper	V15_ORProcedureCode3

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

1. FY2004 Discharge File Table – 1 Record per Discharge - Continued

#	Data Element	Column
146	V APR 15 First Non-O.R. Procedure Code used by Grouper	V15_NonORProcedureCode1
147	V APR 15 Second Non-O.R. Procedure Code used by Grouper	V15_NonORProcedureCode2
148	V APR 15 First Diagnosis Code, other than principal code, that was used by Grouper	V15_DiagnosisCode1
149	V APR 15 Second Diagnosis Code, other than principal code, that was used by Grouper	V15_DiagnosisCode2
150	V APR 15 Third Diagnosis Code, other than principal code, that was used by Grouper	V15_DiagnosisCode3
151	V APR 15 Patient Severity Subclass	V15_Severity
152	V APR 15 Patient Severity Diagnosis Buffer	V15_SeverityDiagnosisBuffer
153	V APR 15 Patient Mortality Subclass	V15_Mortality
154	V APR 15 Patient Mortality Diagnosis Buffer	V15_MortalityDiagnosisBuffer

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FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

2. FY2004 Revenue File Table - 1 Record per Revenue Code reported for each discharge

#	Data Element	Column
1	RecordType20ID	RecordType20ID
2	ServiceID	ServiceID
3	SubmissionControlID	SubmissionControlID
4	Revenue Code Type	TypeofService
5	LineItem	Sequence
6	UB-92 Revenue Code	RevenueCode
7	Units of Service for Revenue Center	UnitsOfService
8	Charges for Revenue Center	TotalCharges

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES

The following are the code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00. Please note that the Source of Payment Code Table and the Supplemental Payer Source Code Table appears as Supplements in Part F of this manual.

Patient Sex Codes:

* SEX CODE	* Patient Sex Definition
M	Male
F	Female
U	Unknown

Patient Race Codes:

* RACE CODE	* Patient Race Definition
1	White
2	Black
3	Asian
4	Hispanic
5	Native American
6	Other
9	Unknown

Type of Admission Codes:

* TYPEADM CODE	*Type of Admission Definition
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Information Unavailable

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Source of Admission Codes:

* SRCADM CODE	* Source of Admission Definition
0	Information not available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral / HMO Referral
4	Transfer from an Acute Hospital
5	Transfer from a Skilled Nursing Facility (SNF)
6	Transfer from Intermediate Care Facility (ICF)
7	Outside Hospital Emergency Room Transfer
8	Court/Law Enforcement
9	Other (to include Level 4 Nursing Facility)
L	Outside Hospital Clinic Referral
M	Walk-In / Self-Referral
R	Within Hospital Emergency Room Transfer
T	Transfer from Another Institution's Ambulatory Surgery
W	Extramural Birth
X	Observation
Y	Within Hospital Ambulatory Surgery Transfer

* SRCADM CODE	* Source of Admission Definition – Newborn Only
Z	Information Not Available – Newborn
A	Normal Delivery
B	Premature Delivery
C	Sick Baby
D	Extramural Birth

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Patient Status Codes:

Departure Status Code	Departure Status Description
01	Discharged/transferred to home or self-care (routine discharge)
02	Discharged/transferred to another short-term general hospital
03	Discharged/transferred to Skilled Nursing Facility (SNF)
04	Discharged/transferred to Intermediate Care Facility (ICF)
05	Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
06	Discharged/transferred to home under care of organized home health service organization
07	Left Against Medical Advice
08	Discharged/transferred to home under care of a Home IV Drug Therapy Provider
09	Not Used
10	Discharged/transferred to chronic hospital
11	Discharged/transferred to mental health hospital
12	Discharge Other
13	Discharged/transferred to rehab hospital
14	Discharged/transferred to rest home
15	Discharged to shelter
20	Expired (or did not recover – Christian Science Patient)
50	Discharged to Hospice-Home
51	Discharged to Hospice Medical Facility

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Payer Type Codes:

*PAYER TYPE CODE	Payer Type Abbreviation	* Payer Type Definition
1	SP	Self-Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	Health Maintenance Organization
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
J	POS	Point-Of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
N	None	None (Valid only for Secondary Payer)

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Veteran's Status Codes:

*VESTA CODE	* Veterans Status Definition
1	YES
2	NO (includes never a military, currently in active duty, national guard or revisit with 6 months or less active duty)
3	Not applicable
4	Not Determined (unable to obtain information)

DNR Codes:

* DNR CODE	Do Not Resuscitate Status Definition
1	DNR Order Written
2	Comfort Measures Only
3	No DNR Order or comfort measures ordered

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Routine Accommodations:

	Revenue Center	Revenue Code	Units of Service
1.	Medical/Surgical	111 (Includes codes: 111, 121, 131, 141, 151)	Days
2.	Obstetrics	112 (Includes codes: 112, 122, 132, 142, 152)	Days
3.	Pediatrics	113 (Includes codes: 113, 123, 133, 143, 153)	Days
4.	Psychiatric	114 (Includes codes: 114, 124, 134, 144, 154)	Days
5.	Hospice	115 (Includes codes: 115, 125, 135, 145, 155)	Days
6.	Detoxification	116 (Includes codes: 116, 126, 136, 146, 156)	Days
7.	Oncology	117 (Includes codes: 117, 127, 137, 147, 157)	Days
8.	Rehabilitation	118 (Includes codes: 118, 128, 138, 148, 158)	Days
9.	Other	119 (Includes codes: 119, 129, 139, 149, 159)	Days
10.	Nursery	170 (Includes codes: 170, 171, 172, 179)	Days
11.	Chronic	192	Days
12.	Subacute	196	Days
13.	TCU	197	Days
14.	SNF	198	Days

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Special Care Accommodations:

	Revenue Center	Revenue Code	Units of Service
1.	Neo-Natal ICU	175 (Includes codes: 173 & 174)	Days
2.	Medical / Surgical ICU	200 (Includes codes: 201 & 202)	Days
3.	Pediatric ICU	203	Days
4.	Psychiatric ICU	204	Days
5.	Post Care ICU	206	Days
6.	Burn Unit	207	Days
7.	Trauma Unit	208	Days
8.	Other ICU	209	Days
9.	Coronary Care Unit	210	Days
10.	Myocardial Infarction	211	Days
11.	Pulmonary Care	212	Days
12.	Heart Transplant	213	Days
13.	Post Coronary Care	214	Days
14.	Other Coronary Care	219	Days

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
1.	Special Charges	220	Zeros
2.	Incremental Nursing Charge Rate	230	Zeros
3.	All Inclusive Ancillary	240	Zeros
4.	Pharmacy	250	Zeros
5.	IV Therapy	260	Zeros
6.	Medical / Surgical Supplies and Devices	270	Zeros
7.	Oncology	280	Zeros
8.	Durable Medical Equipment	290	Zeros
9.	Laboratory	300	Zeros
10.	Laboratory Pathological	310	Zeros
11.	Diagnostic Radiology	320	Zeros
12.	Therapeutic Radiology	330	Zeros
13.	Nuclear Medicine	340	Zeros
14.	CAT Scan	350	Zeros
15.	Operating Room Services	360	Zeros
16.	Anesthesia	370	Zeros
17.	Blood	380	Zeros
18.	Blood Storage and Processing	390	Zeros
19.	Other Imaging Services	400	Zeros
20.	Respiratory Services	410	Zeros

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
21.	Physical Therapy	420	Zeros
22.	Occupational Therapy	430	Zeros
23.	Speech-Language Pathology	440	Zeros
24.	Emergency Room	450	Zeros
25.	Pulmonary Function	460	Zeros
26.	Audiology	470	Zeros
27.	Cardiology	480	Zeros
28.	Ambulatory Surgical Care	490	Zeros
29.	Outpatient Services	500	Zeros
30.	Clinics	510	Zeros
31.	Free-standing Clinic	520	Zeros
32.	Osteopathic Services	530	Zeros
33.	Ambulance	540	Zeros
34.	Skilled Nursing	550	Zeros
35.	Medical Social Services	560	Zeros
36.	Home Health Aide (Home Health)	570	Zeros
37.	Other Visits (Home Health)	580	Zeros
38.	Units of Service (Home Health)	590	Zeros
39.	Oxygen (Home Health)	600	Zeros
40.	MRI	610	Zeros
41.	Medical/ Surgical Supplies – Extension of 270	620	Zeros
42.	Drugs Requiring Specific Identification	630	Zeros

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
43.	Home IV Therapy Services	640	Zeros
44.	Hospice Services	650	Zeros
45.	Respite Care (HHA Only)	660	Zeros
46.	Not Assigned	670	
47.	Not Assigned	680	
48.	Not Assigned	690	
49.	Cast Room	700	Zeros
50.	Recovery Room	710	Zeros
51.	Labor Room / Delivery	720	Zeros
52.	EKG/ECG (Electrocardiogram)	730	Zeros
53.	EEG (Electroencephalogram)	740	Zeros
54.	Gastro-Intestinal Services	750	Zeros
55.	General Treatment or Observation Room	760	Zeros
56.	Treatment Room	761	Zeros
57.	Observation Room	762	Zeros
58.	Other Observation Room	769	Zeros
59.	Preventive Care Services	770	Zeros
60.	Not Assigned	780	Zeros
61.	Lithotripsy	790	Zeros
62.	Inpatient Renal Dialysis	800	Zeros
63.	Organ Acquisition	810	Zeros
64.	Hemodialysis – Outpatient or Home	820	Zeros
65.	Peritoneal Dialysis – Outpatient or Home	830	Zeros
66.	Continuous Ambulatory Peritoneal Dialysis – Outpatient or Home	840	Zeros
67.	Continuous Cycling Peritoneal Dialysis – Outpatient or Home	850	Zeros
68.	Invalid (Reserved for Dialysis – National Assignment)	860	

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
69.	Invalid (Reserved for Dialysis – National Assignment)	870	Zeros
70.	Miscellaneous Dialysis	880	Zeros
71.	Other Donor Bank	890	Zeros
72.	Psychiatric / Psychological Treatments	900	Zeros
73.	Psychiatric / Psychological Services	910	Zeros
74.	Other Diagnostic Services	920	Zeros
75.	Not Assigned	930	Zeros
76.	Other Therapeutic Services	940	Zeros
77.	Other	950	Zeros
78.	Professional Fees	960 (Includes codes: 960, 961, 962, 963, 964, 969)	Zeros
79.	Professional Fees	970 Includes codes: 970, 971, 972, 973, 974, 975, 976, 977, 978, 979)	Zeros
80.	Professional Fees	980 Includes codes: 980, 981, 982, 983, 984, 985, 986, 987, 988, 989)	Zeros
81.	Patient Convenience Items	990	Zeros

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Other Caregiver Codes:

* OTH CARE CODE	* Type of Other Caregiver Definition
1	Resident
2	Intern
3	Nurse Practitioner
4	Not Used
5	Physician Assistant

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

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FY2004 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

ANCILLARY SERVICES

Effective January 1, 1994, amendments to Regulation 114.1 CMR 17.00 were adopted to require the use of the UB-92 revenue codes. As a result, all ancillary service revenue code subcategories are now mapped to the UB-92 major classification heading for that revenue center. For example, codes 251-259 map to code 250.

For periods ending December 31, 1993 and earlier, the following tables identify how the UB-92 revenue codes are mapped in the case mix database.

250 PHARMACY:

250 Pharmacy
251 General
252 Generic Drugs
253 Non-Generic Drugs
254 Blood Plasma
255 Blood-Other Components
256 Experimental Drugs
257 Non-Prescription
258 IV Solution
259 Other

260 IV THERAPY

270 MEDICAL / SURGICAL SUPPLIES:

270 General Medical Surgical Supplies
272 Sterile Supply
273 Take Home Supply
274 Prosthetic Devices
275 Pace Maker
277 Oxygen-Take Home
278 Other Implants
279 Other Devices
290 Durable Medical Equipment
291 Rental DME
292 Purchase DME
299 Other Equipment

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

300 LABORATORY:

300 General Laboratory
301 Chemistry
302 Immunology
303 Renal Patient (Home)
304 Non-Routine Dialysis
305 Hematology
306 Bacteriology & Microbiology
307 Urology
309 Other Lab
310 Lab-Pathological
311 Cytology
312 Histology
314 Biopsy
319 Other Path. Lab
971 Lab. Professional Fees

320 DIAGNOSTIC RADIOLOGY:

320 General
321 Angiocardigraph
324 Chest X-Ray
329 Other
400/409 Other Imaging Services
401 Mammography
402 Ultrasound
972 Diagnostic Radiology Professional Fees

THERAPEUTIC RADIOLOGY:

330 General
331 Chemotherapy-Inject
332 Chemotherapy-Oral
333 Radiation Therapy
335 Chemotherapy-IV
339 Other
973 Therapeutic Radiology Professional Fees

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

340 NUCLEAR MEDICINE:

340 General
341 Diagnostic
342 Therapeutic
349 Other Nuclear Medicine
974 Nuc. Medicine Professional Fees

350 CAT SCAN:

350 General
351 Head Scan
352 Body Scan
359 Other

360 OPERATING ROOM:

360 General
361 Minor Surgery
362 Organ Transplant (except Kidney)
367 Kidney Transplant
369 Other
975 Operating Room Professional Fees

370 ANESTHESIOLOGY:

370 General
374 Acupuncture
379 Other
963 Anesthesiology Professional Fees (MD)
964 Anesthesiology Professional Fees (RN)

380 BLOOD:

380 General
381 Packed Cells
382 Whole Blood
389 Other

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

390 BLOOD STORAGE, PROCESSING, AND ADMINISTRATION:

390 General

***391 Blood/Administration

399 Other

410 RESPIRATORY THERAPY:

410 General

412 Inhalation Services

413 Hyperbaric Oxygen Therapy

419 Other

976 Respiratory Therapy Professional Therapy

420 PHYSICAL THERAPY:

420 General

429 Other

977 Physical Therapy Professional Fees

430 OCCUPATIONAL THERAPY:

430 General

439 Other

978 Occupational Therapy Professional Fees

440 SPEECH THERAPY:

440 General

449 Other

979 Speech Therapy Professional Fees

450 EMERGENCY ROOM:

450 General

459 Other

981 Emergency Room Professional Fees

460 PULMONARY FUNCTION:

460 General

469 Other

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

470 AUDIOLOGY:

470 General
471 Diagnostic
472 Treatment
479 Other

480 CARDIAC CATHETERIZATION:

480 General
481 Cardiac Catheterization Lab
482 Stress Test
489 Other

540 AMBULANCE:

540 General
541 Supplies
542 Medical Treatment
543 Heart Mobile
544 Oxygen
545 Air Ambulance
549 Other

710 RECOVERY ROOM:

710 General
719 Other

720 LABOR AND DELIVERY:

720 General
721 Labor
722 Delivery
723 Circumcision
724 Birthing Center
729 Other

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

730 EKG/ECG:

730 General
731 Holter Monitor
739 Other
985 EKG Professional Fees

740 EEG:

740 General
749 Other
922 Electromyogram
986 EEG Professional Fees

800 RENAL DIALYSIS:

800 General
801 Inpatient Dialysis
802 Inpatient Peritoneal (non CAPD)
805 Training Hemodialysis
806 Training Peritoneal Dialysis
807 Under Arrangement In House
808 Continuous Ambulatory Peritoneal Dialysis Training
809 In Unit Lab-Routine
810 Self Care Dialysis Unit
811 Hemodialysis-Self Care
812 Peritoneal Dialysis-Self Care
813 Under Arrangement In House-Self Care
814 In Unit Lab-Self-Care
880 Miscellaneous Dialysis
881 Ultrafiltration

860 KIDNEY ACQUISITION:

860 General
861 Monozygotic Sibling
862 Dizygotic Sibling
863 Genetic Parent
864 Child
865 Non-Relating Living
866 Cadaver

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

900 PSYCHOLOGY AND PSYCHIATRY:

900 General
901 Electroshock Treatment
902 Milieu Therapy
903 Play Therapy
909 Other
910 Psychology/Psychiatry Services
911 Rehabilitation
912 Day Care
913 Night Care
914 individual Therapy
915 Group Therapy
916 Family Therapy
917 Bio Feedback
918 Testing
919 Other
961 Psychiatry Professional Fees

950 OTHER:

280 Oncology
***490 Ambulatory Surgery
***499 Other Ambulatory Surgery
***510 Clinic
***511 Chronic Pain Center
***512 Dental Clinic
***519 Other Clinic
530 General Osteopathic Services
531 Osteopathic Therapy
539 Other Osteopathic Therapy
560 Medical Social Services
700 Cast Room-General
709 Cast Room-Other
750/759 Gastro-Intestinal Services
890/899 Other Donor Bank
891 Bone Donor
892 Organ Donor
893 Skin Donor

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

950 OTHER (Continued):

920/929 Other Diagnostic Services
921 Peripheral Vascular Lab
940/949 Other Therapeutic Services
941 Recreational Therapy
942 Educational Therapy
943 Cardiac Rehabilitation
960 General Professional Fees
962 Opthamology
969 Other Professional Therapy
984 Medical Social Services
987 Hospital Visit
988 Consultation
989 Private Duty Nurse

***Please Note: These Revenue Centers should be reported only for those patients admitted to the hospital subsequent to surgical day care.

Technical Documentation
FY2004 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

The following ancillary revenue codes (and their related subcategories) are not valid pursuant to Regulation 114.1 CMR 17.00 and are not used for reporting charges on the case mix data tapes. These revenue codes relate either to outpatient services or to non-patient care.

500 Outpatient Services
520 Free Standing Clinic
530 Osteopathic Services
550 Skilled Nursing
570 Home Health Aid
580 Other Visits (Home Health)
590 Units Of Service (Home Health)
600 Oxygen (Home Health)
640 Home IV Therapy Services
660 Respite Care (HHA only)
820 Hemodialysis-Outpatient or Home
830 Peritoneal Dialysis-Outpatient or Home
840 Continuous Ambulatory Peritoneal Dialysis-Outpatient or Home
850 Continuous Cycling Peritoneal Dialysis-Outpatient or Home
860 Reserved for Dialysis (National Assignment)
870 Reserved for Dialysis (National Assignment)
990 Patient Convenience Items